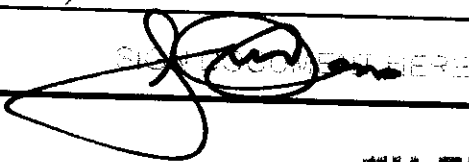




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Limited Liability Company

- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 889691		2. Exact name of the Limited Liability Company OCEAN STATE URGENT CARE CENTER IF WESTERLY, LLC			
3. NAICS Code 62		4. Brief description of the character of business conducted in Rhode Island PROVIDE URGENT CARE MEDICAL AND HEALTH CARE SERVICES INCLUDING MANAGEMENT AND BILLING			
5. State of Formation RI					
6. Principal Office Address 77 FRANKLIN STREET		City WESTERLY	State RI	Zip 02891	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name JONATHAN H. MARTIN, MD			Contact Title MANAGER		
Street Address 77 FRANKLIN STREET			City WESTERLY	State RI	Zip 02891
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name JONATHAN H. MARTIN, MD			Manager Name —		
Street Address 77 FRANKLIN STREET			Street Address		
City WESTERLY	State RI	Zip 02891	City	State	Zip
Manager Name —			Manager Name —		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person JONATHAN H. MARTIN, MD				Date 10/19/16	
Signature of Authorized Person 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

OCT 24 2016

BY

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