RI SOS Filing Number: 201611208740 Date: 10/24/2016 4:00 PM

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	2. Exact name of the Limited Liability Company
889691	OCEAN STATE URGENT CARE CENTER OF 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	City	State	Zip
77 FRANKLIN STREET	WESTERLY	RI	02891

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title
JONATHAN H. MARTIN, MD	MANAGER

Street Address	City	State	Zip
77 FRANKLIN STREET	WESTERLY	RI	02891

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Manager Name	Street Address	City	State	Zip
JONATHAN H. MARTIN, MD	77 FRANKLIN STREET	WESTERLY	RI	02891
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Check the box to indicate an attachment ☐

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	Date
JONATHAN H. MARTIN, MD	10/19/16

Signature of Authorized Person: SIGN HERE

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 B637

144092-23-1164332

FORM 632 - Revised: 08/2016