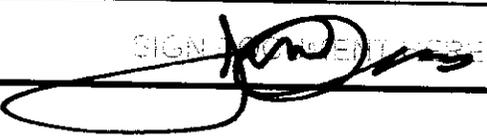State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 1100066	2. Exact name of the Limited Liability Company OCEAN STATE PRIMARY CARE CENTER OF COVENTRY, LLC			
3. NAICS Code 62	4. Brief description of the character of business conducted in Rhode Island PROVIDE PRIMARY CARE MEDICAL AND HEALTH CARE SERVICES INCLUDING MANAGEMENT AND BILLING			
5. State of Formation RI				

6. Principal Office Address 2 WAKE ROBIN RD, UNIT 103	City LINCOLN	State RI	Zip 02865

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 2 WAKE ROBIN RD, UNIT 103	City LINCOLN	State RI	Zip 02865

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 2 WAKE ROBIN RD UNIT 103			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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 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 2 4 2016

BY __86035__

FORM 632 - Revised: 08/2016