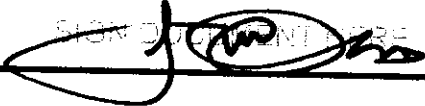





State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 <b>901366</b>		2. Exact name of the Limited Liability Company <b>OLEAN STATE PRIMARY CARE CENTER OF WESTERLY, LLC</b>			
3. NAICS Code <b>62</b>		4. Brief description of the character of business conducted in Rhode Island <b>PROVIDE PRIMARY CARE MEDICAL AND HEALTH CARE SERVICES INCLUDING MANAGEMENT AND BILLING</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>77 FRANKLIN STREET</b>			City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>JONATHAN H. MARTIN, MD</b>			Contact Title <b>MANAGER</b>		
Street Address <b>77 FRANKLIN STREET</b>			City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>JONATHAN H. MARTIN, MD</b>			Manager Name <b>-</b>		
Street Address <b>77 FRANKLIN STREET</b>			Street Address <b>-</b>		
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>-</b>	State <b>-</b>	Zip <b>-</b>
Manager Name <b>-</b>			Manager Name <b>-</b>		
Street Address <b>-</b>			Street Address <b>-</b>		
City <b>-</b>	State <b>-</b>	Zip <b>-</b>	City <b>-</b>	State <b>-</b>	Zip <b>-</b>
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <b>JONATHAN H. MARTIN, MD</b>				Date <b>10/19/16</b>	
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 B636