

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1191-1195 NORTH MAIN STREET 6. MANING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE O Contact Name FRANK D'ALESSANDRO, MD Street Address 145 DARBY ROAD 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY ("X" BOX FOR ATTACHMENT) Manager Name NONE Street Address Street Address Street Address	DENCE State RI F CONTACT PERSON: le ENT SCITUATE State RI	Zip 02904	
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7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY ("X" BOX FOR ATTACHMENT) Manager Name NONE Street Address Street Address	SCITUATE RI	Zip 02857	
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	Manager Name		
City State Zin City	Street Address		
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8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Cha	nges require filing Form 642		
This information is currently of record in the office of the secretary of state. One	igos isquire ining i orini 042.		

FILED

OCT 27 2016 A. A

File Date	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.		
Check No	1/1/10	10/15/16	
Bv:	Signature of authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	FRANK D'ALESSANDRO, MD		
	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012