State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year:	
Limited Liability Company	
→ Filing period: September 1 - November 1	

→ 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 Event name of the Limited Lightlity Company					
,	2. Exact name of the Limited Liability Company					
797087	Center City Endoscopy, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
62 - Health Care and Socia ▼	To own and operate a physician owned endoscopy center					
5. State of Formation						
Rhode island						
. Principal Office Address			City	State	Zip	
33 Staniford Street			Providence	RI	02905	
7. Mailing Address of Limited Lia	bility Company a	and Name or Title		•		
Contact Name William T. Chen, M.D.			Contact Title President			
Street Address 33 Staniford St			City Providence	State RI	^{Zip} 02905	
8. List ALL managers (names ar	nd addresses) of	the Limited Liabil	ity Company, IF APPLICAE	BLE - DO NOT LIST A	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to in	ndicate an attachment	
9. Resident Agent in Rhode Islan	d. This information	n is currently of reco	ord with the Department of Sta	te. Changes require filin	g Form 642.	
Under penalty of perjury, I deci statements, and that all statem			-	g any accompanying	g schedules and	
Name of Authorized Person			Date	Date		
William T. Chen, M.D.			10/17/20	10/17/2016		
Signature of Authorized Person						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED OCT 2 7 2016

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