



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

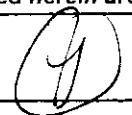
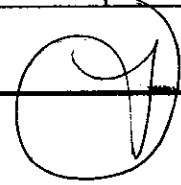
Annual Report for the year: 2016

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 509394		2. Exact name of the Limited Liability Company Lilia Romero-Bosch, MD, LLC			
3. NAICS Code 62 - Health Care and Social Ass		4. Brief description of the character of business conducted in Rhode Island Practice of psychiatric medicine			
5. State of Formation Rhode Island					
6. Principal Office Address 36 Appian Way		City Barrington	State RI	Zip 02806	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Lilia Romero-Bosch, MD			Contact Title Member		
Street Address 36 Appian Way			City Barrington	State RI	Zip 02806
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST 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 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.					
<i>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.</i>					
Name of Authorized Person Lilia Romero-Bosch, MD				Date 10/27/16	
Signature of Authorized Person 				SIGN DOCUMENT 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 31 2016

By 

FORM 632 - Revised: 08/2016