



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

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Limited Liability Company Annual Report for the year: 2016

Filing period: September 1 - November 1

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

1. Entity ID Number		2. Exact name of the Limited Liability Company			
858887		Freedman HealthCare, LLC			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island			
MA		HEALTHCARE CONSULTANT / DATA ANALYSIS			
5. Principal Office Address		City	State	Zip	
29 Crafts Street, Suite 470		Newton	MA	02458	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name			Contact Title		
Joanne Halpern			Director of Finance & Administration		
Street Address		City	State	Zip	
29 Crafts Street, Suite 470		Newton	MA	02458	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
John Freedman					
Street Address			Street Address		
390 Dedham Street					
City	State	Zip	City	State	Zip
Newton	MA	02459			
Manager Name			Manager Name		
Street Address			Street Address		
City			City		
State			State		
Zip			Zip		
Check the box to indicate an attachment <input type="checkbox"/>					
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 842.					
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				Date	
John Freedman				10/31/2016	
Signature of Authorized Person				SIGN DOCUMENT HERE	

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By 287635
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