

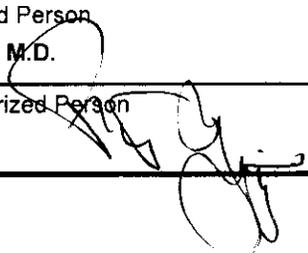


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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**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>787811</b>	2. Exact name of the Limited Liability Company <b>Just Kids RI Sick Care LLC</b>		
3. NAICS Code 81 - Other Services (except Pub)	4. Brief description of the character of business conducted in Rhode Island <b>Operating a sick care center for children.</b>		
5. State of Formation <b>Rhode Island</b>			
6. Principal Office Address <b>2 Meehan Lane</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Peter T. Yasigian, M.D.</b>		Contact Title <b>Authorized Person</b>	
Street Address <b>2 Meehan Lane</b>		City <b>Cumberland</b>	State <b>RI</b> Zip <b>02864</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <b>N/A</b>		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.			
<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>Peter T. Yasigian, M.D.</b>		Date <b>10-28-16</b>	
Signature of Authorized Person 		SIGN DOCUMENT HERE	

**FILED** 

NOV 04 2016

BY CK 1500

MAIL TO:  
 Division of Business Services  
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 Phone: (401) 222-3040  
 Website: www.sos.ri.gov