

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.

2016 NOV -4 PM 1: 07

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1. Entity ID Number	2. Exact name of the Limited Liability Company						
787811	Just Kids RI Sick Care LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
81 - Other Services (except Pub	Operating a sick care center for children.						
5. State of Formation							
Rhode Island							
5. Principal Office Address			City	State	Zip		
2 Meehan Lane			Cumberland	RI	02864		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Peter T. Yasigian, M.D.			Contact Title Authorized Person				
Street Address 2 Meehan Lane			City Cumberland	State RI	^{Zip} 02864		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name N/A			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		
			<u></u>	Check the box to in	dicate 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 filing	Form 642.		
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							
Peter T. Yasigian, M.D.			10-28-16				
Signature of Authorized Person SIGN DOCUMENT NEWS AND SHEEKE							
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MAIL TO:

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