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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the limited liability company		
238347	Mansolillo Mansolillo & Mansolillo, LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
Rhode Island	To operate a dental practice in all of its phases, treating males and females in any other legal business.		
5. Principal office address	City	State	Zip
1347 Hartford Avenue	Johnston	RI	02919

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Joseph L. Mansolillo, D.D.S.	Manager		
Street Address	City	State	Zip
1347 Hartford Avenue	Johnston	RI	02919

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
Joseph L. Mansolillo, D.D.S.			NONE		
Street Address			Street Address		
1347 Hartford Avenue					
City	State	Zip	City	State	Zip
Johnston	RI	02919			
Manager Name			Manager Name		
NONE			NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

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File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Joseph Mansolillo DDS 11/18/16
Signature of Authorized Person Date

Joseph L. Mansolillo, D.D.S., Manager
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

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