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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	2. Exact n	ame of the Limite	ed Liability Company			
812228	Narragan:	sett Family Med	dicine Realty, LLC			
3. NAICS Code	4. Brief de	scription of the c	character of business conducted in	in Rhode Island	· · · · · · · · · · · · · · · · · · ·	
53 - Real Estate and Rental and	owning, c	perating, devek	oping, leasing, selling and othe	erwise dealing in a	nd with real estate	
5. State of Formation	1					
Rhode Island						
6. Principal Office Address		W	City	State	Zip	
360 Kingstown Road #200			Narragansett	RI	02892	
7. Mailing Address of Limited Lia		any and Name or				
Contact Name Dariusz Kostrzewa, MD			Contact Title Member	Contact Title Member		
Street Address 360 Kingstown Road #200			City Narragansett	State RI	<sup>Zip</sup> 02892	
8. List ALL managers (names an	ıd addresses	s) of the Limited I		LE - DO NOT LIST I	MEMBERS	
Manager Name	~ _	<del>-</del>	Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Мападег Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip '	
				Check the box to ir	ndicate an attachment	
9. Resident Agent in Rhode Island						
Under penalty of perjury, I decla statements, and that all stateme	are and affir ents contail	rm that I have ex ned herein are ti	xamined this report, including rue and correct.	any accompanying	schedules and	
Name of Authorized Person		Y 0		Date	1.	
Dariusz Kostrzewa, M.D.						
Signature of Authorized Person	tvau	- 81GN D	OCUMENT 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 **V** NOV 2 3 2016

FORM 632 - Revised: 08/2016