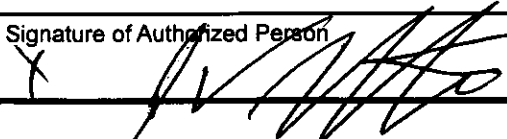




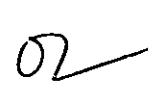
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 137788		2. Exact name of the Limited Liability Company PAWTUCKET PULMONARY FUNCTION TESTING, LLC			
3. NAICS Code 54		4. Brief description of the character of business conducted in Rhode Island Medical Testing Lab			
5. State of Formation RI					
6. Principal Office Address 73 Beechwood Avenue		City Pawtucket		State RI	Zip 02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name John V. Ladetto, M.D.			Contact Title Member		
Street Address 73 Beechwood Avenue		City Pawtucket		State RI	Zip 02860
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name John V. Ladetto, M.D.			Manager Name None		
Street Address 73 Beechwood Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Manager Name None			Manager Name None		
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.					
<i>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.</i>					
Name of Authorized Person John V. Ladetto, M.D., Member				Date 11/30/16	
Signature of Authorized Person 				SIGN DOCUMENT 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

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DEC 08 2016
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