



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company
Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. ID No. 000875208

2. Exact Name of the Limited Liability Company S. DEBORAH MURPHY, M.D., LLC

3. State of Formation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code 62

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

MEDICAL OFFICE - OPHTHALMOLOGY

5. Principal Office Address

No. and Street: 450 VETERANS MEMORIAL PARKWAY, SUITE 504

City or Town: EAST PROVIDENCE

State: RI Zip: 02914 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: S. DEBORAH MURPHY, M.D. Contact Title:

No. and Street: 450 VETERANS MEMORIAL PARKWAY, SUITE 504

City or Town: EAST PROVIDENCE

State: RI Zip: 02914 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	S. DEBORAH MURPHY	450 VETERANS MEMORIAL PARKWAY, SUITE 504

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

S. DEBORAH MURPHY 450 VETERANS MEMORIAL PARKWAY, SUITE 504 EAST PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 15 Day of August, 2017 at 4:27:28 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By S. DEBORAH MURPHY
Signature of Authorized Person

Form No. 632
Revised 09/07