RI SOS Filing Number: 201748821690 Date: 8/28/2017 9:34:00 AM

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

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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 name of the Limited Liability Company
000683545	Infectious Diseases Associates of Rhode Island, LLC
3. NAICS Code: 62	4. Brief description of the character of business conducted in Rhode Island: Medical Care
5. State of Formation: RI	

6. Principal Office Address	City	State	Zip
115 Cass Avenue	Woonsocket	RI	02895

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

Contact Name	Contact Title		
Michael K. Glucksman, Esq.	Attorney		
Street Address	**City**	**State**	**Zip**
109 Airport Rd	Warwick	RI	02889

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name			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

Check the box to indicate an attachment ☐

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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
Michael K. Glucksman	08/24/2017

Signature of Authorized Person: SIGN DOCUMENT HERE

FILED
AUG 28 2017 9:34
BY 18645302

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 632 - Revised: 02/2017