



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

Annual Report for the year: 2014
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.

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1. Entity ID Number <u>000683545</u>		2. Exact name of the Limited Liability Company <u>Infectious Diseases Associates of Rhode Island,</u>	
3. NAICS Code <u>62</u>		4. Brief description of the character of business conducted in Rhode Island <u>Medical Care</u> <u>LLC</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>115 Cass Avenue</u>		City <u>Woonsocket</u>	State <u>RI</u>
		Zip <u>02895</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Michael K. Glucksman, Esq.</u>		Contact Title <u>Attorney</u>	
Street Address <u>109 Airport Rd</u>		City <u>Warwick</u>	State <u>RI</u>
		Zip <u>02889</u>	
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 <u>Michael K. Glucksman</u>		Date <u>08/24/2017</u>	
Signature of Authorized Person 		SIGN DOCUMENT HERE	

FILED

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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BY C-18545302