RI SOS Filing Number: 201749182060 Date: 9/5/2017 11:24:00 AM



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

RECEIVED

R.I. DEPT. OF STATE

BUS SYCS DIV

Annual Report for the year: 2015**Limited Liability Company** 

2017 SEP -5 AM 11: 20

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

| · · · · · · · · · · · · · · · · · · ·  | <u> </u>   |       |                     |       |           |
|--|--|-------|---------------------|-------|-----------|
| 1. Entity In Number 7/3884   | 2. Exact name of the himited Liability Company  350 Medic Collanon P. 224 () |       |                     |       |           |
| 3, NAICS Code  | 4. Brief description of the character of business conducted in Rhode Island  |       |                     |       |           |
| 722513   |  |       |                     |       |           |
| 5. State of Formation  | P,22a  |       |                     |       |           |
| 0.4  | V  |       |                     |       |           |
|  |  |       |                     |       |           |
| 6. Principal Office Address 2220Mineral Spring Ave   |  |       | n. Providence       | State | 2911      |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |       |                     |       |           |
|  |  |       |                     |       |           |
| Contact Name Parvit T. Abgarmi   |  |       | Contact Title OWNCY |       |           |
| Street Address 2220 mineral Spring Are   |  |       |                     | 1     | Zip 62911 |
| 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   |  |       |                     |       |           |
| Pariz 9,5,17   |  |       |                     |       |           |
| Signature of Authorized Person   |  |       |                     |       |           |
|  |  |       |                     |       |           |
| (lower)  |  |       |                     |       |           |
| ye   |  |       |                     |       |           |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILEU** 

SEP 05 2017 BY au 3/1467