



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

STAMP

Annual Report for the year: 2017
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 <u>155296</u>		2. Exact name of the Limited Liability Company <u>MEDICAL OFFICE ALTERNATIVES, LLC</u>			
3. NAICS Code <u>541611</u>		4. Brief description of the character of business conducted in Rhode Island <u>Provide consulting services to medical offices.</u>			
5. State of Formation <u>R.I.</u>					
6. Principal Office Address <u>28 KEACH DAM RD</u>		City <u>CHEPACHET</u>		State <u>R.I.</u>	Zip <u>02814</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>THERESE BURKE</u>		Contact Title <u>PRESIDENT</u>			
Street Address <u>28 KEACH DAM RD</u>		City <u>CHEPACHET</u>		State <u>R.I.</u>	Zip <u>02814</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>NONE</u>		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 <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.					
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>THERESE BURKE</u>				Date <u>9-12-17</u>	
Signature of Authorized Person <u>Therese Burke</u>				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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SEP 14 2017
BY 2944 DS