




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

ST-100

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 220351		2. Exact name of the Limited Liability Company North Kingstown Pharmacy Associates, LLC			
3. NAICS Code 531120		4. Brief description of the character of business conducted in Rhode Island commercial property			
5. State of Formation RI					
6. Principal Office Address 33 College Hill Road, Building 15		City Warwick		State RI	Zip 02889
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Brian Bucci			Contact Title Managing Member		
Street Address PO Box 6187			City Warwick		State RI Zip 02887
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 <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.					
<i>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.</i>					
Name of Authorized Person Brian A. Bucci				Date 10/2/17	
Signature of Authorized Person 					

SIGN DOCUMENT HERE

FILED

OCT 10 2017

BY 1009

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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