



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: September 1 - November 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. ID No.** 001336193

**2. Exact Name of the Limited Liability Company** RHODE ISLAND APD, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621340

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

MEDICAL PRACTICE SPECIALIZING IN AUGIOLOGY

**5. Principal Office Address**

No. and Street: 989 RESERVOIR AVENUE, #203

City or Town: CRANSTON

State: RI Zip: 02910 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: MATTHEW FEARON Contact Title:

No. and Street: 15 GLEN RIDGE ROAD

City or Town: CRANSTON

State: RI Zip: 02920 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**

**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

MATTHEW FEARON 15 GLEN RIDGE RD CRANSTON , RI 02920

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 31 Day of October, 2017 at 12:07:33 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MATTHEW FEARON  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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