



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. 000092895

2. Exact Name of the Limited Liability Company THE RHODE ISLAND EYE INSTITUTE, 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.

621320

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

MANAGE BUSINESS OF MEDICAL PRACTICE

5. Principal Office Address

No. and Street: 150 EAST MANNING STREET

City or Town: PROVIDENCE

State: RI Zip: 02906 Country: USA

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

Contact Name: ROBERT L. BAHR, Contact Title: MD

No. and Street: 150 EAST MANNING STREET

City or Town: PROVIDENCE

State: RI Zip: 02906 Country: USA

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

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|---------|--|--|
| MANAGER | ROBERT L BAHR MD | 150 EAST MANNING STREET PROVIDENCE, RI 02906 USA |

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

SARAH T. DOWLING, ESQ. ONE CITIZENS PLAZA, 8TH FLOOR PROVIDENCE , RI 02903

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 12:14:43 PM 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 ROBERT L. BAHR, MD
Signature of Authorized Person

Form No. 632
Revised 09/07

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