



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

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 125544		2. Exact name of the Limited Liability Company Southern Rhode Island Professional Center, LLC			
3. NAICS Code 53110		4. Brief description of the character of business conducted in Rhode Island to acquire, own, lease, sell and otherwise deal in and with real estate			
5. State of Formation RI -					
6. Principal Office Address 46 Holley Street			City Wakefield	State RI	Zip 02879
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Jaime E. Chamorro			Contact Title		
Street Address 46 Holley Street			City Wakefield	State RI	Zip 02879
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.					
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 Jaime E. Chamorro				Date 10/29/17	
Signature of Authorized Person <i>Jaime E. Chamorro</i> SIGN DOCUMENT HERE					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY _____