State of Rhode Island and Providence Plantations Fee: \$50.00 Office of the Secretary of State
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. <u>000160035</u>
2. Exact Name of the Limited Liability Company <u>CRANSTON PEDIATRICS, LLC</u>
3. State of Formation
State: <u>RI</u>
ARTICLE III
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>621111</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island
ENGAGE IN THE BUSINESS OF THE PRACTICE OF MEDICINE AND OTHER RELATED SERVICES
5. Principal Office Address
No. and Street:801 PARK AVENUECity or Town:CRANSTONState:RIZip:02920Country:USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:
Contact Name:Contact Title:No. and Street:801 PARK AVENUECity or Town:CRANSTONState:RIZip:02920Country: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

THOMAS W. MADONNA, ESQ. 70 JEFFERSON BOULEVARD WARWICK , RI 02888

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

Signed this 3 Day of November, 2017 at 1:33:20 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 <u>RICK QUILES</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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