RI SOS Filing Number: 201753075860 Date: 11/7/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Accord D 45 4	ear: 20	12		NON LI		
Annual Report for the your Limited Liability Compa		17			3구급 Son:	
→ Filing period: September	•	ļ		2	5000 5000	
→ Filing Fee: \$50.00				EP		
→ Penalty: Additional \$25.00	ree it form is no	t lilea by Decem	nber 1.	16	; ri	
1. Entity ID Number						
509862 GHT Deinstopothology LLC						
3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island						
541690 medial services						
5. State of Formation Phode Island						
6. Principal Office Address			City	State	Zip	
123 Hilo	uy Dr	1×-6	Providence	KI	02908	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Gladys Telang M.D			Contact Title			
Street Address 123 H	Mary D	rul	City Providence	State	zip 2908	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Pone			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						
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 G LADYS H TELANG M.D Date 11-7-17						
GLADYS H TELANG M.D 11-7-17 Signature of Authorized Person Solution H Telay MD						
	EII ED					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

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