



**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. 001663441

2. Exact Name of the Limited Liability Company Memorial Medical Group, 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.

621112

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

PROVIDING MEDICAL CONSULTATION FOR THE PATIENTS ADMITTED TO THE HOSPITAL
FOR 2017- THERE IS NO CONSULTATION OR FEE CHARGED, WITH NO INCOME.

5. Principal Office Address

No. and Street: 125 PROVIDENCE STREET
SUITE S106

City or Town: WEST WARWICK

State: RI

Zip: 02893

Country: USA

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

Contact Name: KAMRAN MANZOOR, MD Contact Title: MEMORIAL MEDICAL GROUP, LLC

No. and Street: 22 FORGE RD

City or Town: SHARON

State: MA

Zip: 02067

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**

KAMRAN MANZOOR 125 PROVIDENCE STREET, SUITE S106 WEST WARWICK , RI 02893

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

Signed this 27 Day of November, 2017 at 11:05:14 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 KAMRAN MANZOOR
Signature of Authorized Person

Form No. 632
Revised 09/07

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