




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

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SECRETARY OF STATE  
CORPORATIONS DIV

2017 DEC -5 AM 10:51

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 <b>000901366</b>		2. Exact name of the Limited Liability Company <b>Ocean State Primary Care Center of Westerly, LLC</b>			
3. NAICS Code <b>62 2110</b>		4. Brief description of the character of business conducted in Rhode Island provide urgent medical care services			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>77 Franklin Street</b>		City <b>Westerly</b>		State <b>RI</b>	Zip <b>02891</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Robert Crausman</b>		Contact Title <b>Member</b>			
Street Address <b>77 Franklin Street</b>		City <b>Westerly</b>		State <b>RI</b>	Zip <b>02891</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>JONATHAN H. MARTIN MD</b>		Manager Name			
Street Address <b>77 FRANKLIN STREET</b>		Street Address			
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	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 <b>Robert Crausman</b>				Date <b>November 28, 2017</b>	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02894-2616  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**

DEC 05 2017

BY ca 319095

FORM 632 - Revised: 10/2017

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