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

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CORPORATIONS DIV
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Annual Report for the year: 2016
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	2. Exact name of the Limited Liability Company
001673	Revelation LLC
3. NAICS Code: 621399	4. Brief description of the character of business conducted in Rhode Island: Primary Care
5. State of Formation: RI	

6. Principal Office Address	City	State	Zip
3970 Post Rd	Warwick	RI	02886

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

Contact Name	Contact Title		
Lisa Turner	Manager		
Street Address	**City**	**State**	**Zip**
106 Oakland St	Wwk	RI	02889

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Manager Name	Manager Name
Lisa Turner	
Street Address: 106 Oakland St	Street Address
City: Wwk / State: RI / Zip: 02889	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	Date
Lisa Turner	12/22/17
Signature of Authorized Person	

FILED
DEC 22 2017 12:31
BY C21260990

MAIL TO:
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