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

STAMP

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	2. Exact name of the Limited Liability Company		
000106582	Northeast Medical Associates, LLC		
3. NAICS Code: 541613	4 Brief description of the character of business conducted in Rhode Island: Sales Representation and Brokerage		
5. State of Formation: RI			
6. Principal Office Address: PO BOX 8858	City: Cranston	State: RI	Zip: 02920
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: Arthur Goldstein	Contact Title: member		
Street Address: PO BOX 8858	City: Cranston	State: RI	Zip: 02920
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name	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: JONATHAN UCMAN CPA	Date: 2-15-18		
Signature of Authorized Person			

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
MAR 05 2018
BY 510

FORM 632 - Revised: 08/2016