



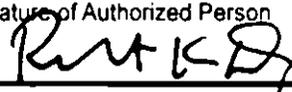
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: 2018
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 000698563		2. Exact name of the Limited Liability Company Robert K Dyer MD, Dermatology LLC			
3. NAICS Code 621111		4. Brief description of the character of business conducted in Rhode Island Medical Office			
5. State of Formation RI					
6. Principal Office Address 3461 South County Trail/ Suite 202		City East Greenwich	State RI	Zip 02818	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Nancy Stonely		Contact Title Practice Manager			
Street Address 3461 South County Trail/ Suite 202		City East Greenwich	State RI	Zip 02818	
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 <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.					
<i>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.</i>					
Name of Authorized Person Robert K. Dyer				Date 04/23/2018	
Signature of Authorized Person 		SIGN DOCUMENT HERE			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 APR 26 2018
 BY  329519
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 FORM 632 - Revised: 10/2017