RI SOS Filing Number: 201863137410 Date: 4/30/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of S	tate - Bu	siness Servic	es Division		ECRET CORPC
Annual Report for the y	ear: ²⁰¹	8			RETARY RETARY RPORAT
Limited Liability Compa					== ≺
→ Filing period: September	•	ner 1			
→ Filing Fee: \$50.00	1 - 140461111	76 1 1			20 CT # 10 CT
→ Penalty: Additional \$25.00	fee if form	is not filed by Dec	ember 1.	_	F <=
•		·			6 m
1. Entity ID Number	2. Exact name of the Limited Liability Company				
1664088	Ocean State Urgent Care MSO, LLC				
3 NAICS Code L O LLO O	4. Brief description of the character of business conducted in Rhode Island				
3. NAICS Code 621493	provide urgent medical care services				
5. State of Formation	1	-			
Rhode Island					
6. Principal Office Address	<u> </u>		City	State	Zip
2130 MENDON ROAD			CUMBERLAND	RI	02864
7. Mailing Address of Limited Lia	bility Compa	ry and Name or T			
Contact Name Robert Crausman,	MDprovide		Contact Title Member		
Street Address 2130 MENDON ROAD			City CUMBERLAND	State RI	^{Zip} 02864
8. List ALL managers (names ar	nd addresse	s) of the Limited Li	ability 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 Islan	nd. This Inform	nation is currently of	record with the Department of State.	Changes require fili	ing Form 642.
	lare and afi	firm that I have ex	amined this report, including a		
Name of Authorized Person				Date	1 6
Robert Crausman, MD				1410	XI/IX
Signature of Authorizati Toyson	w	SIGN D	OCUMENT 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

APR 3 0 2018

FILED

FORM 632 - Revised: 08/2016

BY \$ 329665