

**STAMP** 

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.

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SHOTETHE OF CINTA						
PRESENT.						

1. Entity ID Number	2. Exact name of the Limited Liability Company					
159773	Stanii	Staniford Realty South, LLC				
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island				
531110	Practice of medicine specializing in Gastroenterology					
.5. State of Enroation	<del> </del>					
6. Principal Office Address			City	State	Zip .•	
33 Staniford Street			Providence	RI	02905	
7. Mailing Address of Limited Li	ability Compa	any and Name o		-		
Contact Name Thomas E. Sepe, M.D.			Contact Title President	Contact Title President		
Street Address 33 Staniford Street			City Providence	State RI	<sup>Zip</sup> 02905	
8. List ALL managers (names a	nd addresse	s) of the Limited	Liability Company, IF APPLIC	ABLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zıp	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
	<u> </u>	<u> </u>		Check the box to	indicate an attachment	
9. Resident Agent in Rhode Isla	ınd. This infon	mation is currently	of record with the Department of S	State. Changes require fili	ng Form 642.	
Under penalty of perjury, I de statements, and that all state				ing any accompanyin	ng schedules and	
Name of Authorized Person				Date	Date	
Thomas E. Sepe M.D.	4		09/01/1	09/01/18		
Signature of Authorized Person		SIG	N 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 **FILED** 

AUG 3 0 2018