RI SOS Filing Number: 201876390620 Date: 8/30/2018 4:00:00 PM

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



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: 2018 **Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

1. Entity ID Number

5. State of Formation Rhode Island

33 Staniford Street

Manager Name

Street Address

Manager Name

Street Address

City

City

6. Principal Office Address

Contact Name Thomas E. Sepe, M.D.

Street Address 33 Staniford Street

105071

531110

3. NAICS Code

→ Penally: Additional \$25.00 fee if form is not filed by December 1.

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

State

Rhode Island State	
_	Zip
RI	02908
Stale RI	^{Zıp} 02905
- DO NOT LIST	MEMBERS
State	Zip
•	
State	Zip
	- DO NOT LIST State

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes requ

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying sche statements, and that all statements contained herein are true and correct.

Name of Authorized Person

Thomas E. Sepe, M.D.

Date

09/01/18

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

AUG 3 0 2018

FORM 632 - Revised: 10/2017