



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

FILED

SEP 24 2018

BY 1762

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 000112519		2. Exact name of the Limited Liability Company PRIMARY CARE ASSOCIATES OF JOHNSTON, LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE DEVELOPMENT			
5. State of Formation RI					
6. Principal Office Address 1539 ATWOOD AVENUE, SUITE 101			City JOHNSTON	State RI	Zip 02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name FRED F. FERRI, MD			Contact Title MANAGER		
Street Address 20 ALPINE ESTATES DRIVE			City CRANSTON	State RI	Zip 02921
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name SILVIA SAVORETTI			Manager Name N/A		
Street Address 4 ERICA DRIVE			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Manager Name N/A			Manager Name N/A		
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.					
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 FRED F. FERRI, MD				Date 	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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