



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Domestic Limited Liability Company  
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2018

**1. ID No.** 000133025

**2. Exact Name of the Limited Liability Company** KENT ANCILLARY SERVICES, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621999

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

TO OPERATE LAB DRAWING STATIONS AND TO CARRY OUT AND SUPPORT KENT HOSPITAL

**5. Principal Office Address**

No. and Street: 455 TOLL GATE ROAD

City or Town: WARWICK

State: RI

Zip: 02886

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: KENT COUNTY MEMORIAL HOSPITAL Contact Title: SOLE MEMBER

No. and Street: 455 TOLL GATE ROAD

City or Town: WARWICK

State: RI

Zip: 02886

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	KENT COUNTY MEMORIAL HOSPITAL	455 TOLL GATE ROAD WARWICK, RI 02886 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

LYNDA D'ALESSIO 455 TOLL GATE ROAD RISK MANAGEMENT DEPT. WARWICK , RI 02886

**Signed this 26 Day of September, 2018 at 10:16:31 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KENT COUNTY MEMORIAL HOSPITAL, SOLE MEMBER, BY DOUGLAS JACOBS, ITS  
TREASURER

Signature of Authorized Person

Form No. 632  
Revised 09/07

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