



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

Fee: \$50.00

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

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. ID No.** 000134580

**2. Exact Name of the Limited Liability Company** WOMEN & INFANTS' 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**

PHLEBOTOMY SERVICES

**5. Principal Office Address**

No. and Street: 101 DUDLEY STREET

City or Town: PROVIDENCE

State: RI

Zip: 02905

Country: USA

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

Contact Name: WOMEN & INFANTS HOSPITAL OF RHODE ISLAND Contact Title: SOLE MEMBER

No. and Street: 101 DUDLEY STREET

City or Town: PROVIDENCE

State: RI

Zip: 02905

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	WOMEN & INFANTS HOSPITAL OF RHODE ISLAND	101 DUDLEY STREET PROVIDENCE, RI 02905

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

KATHERINE WILLS 101 DUDLEY STREET PROVIDENCE , RI 02905

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 26 Day of September, 2018 at 10:35:32 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 WOMEN & INFANTS HOSPITAL OF RHODE ISLAND, SOLE MEMBER, BY DOUGLAS JACOBS, ITS TREASURER

Signature of Authorized Person

Form No. 632  
Revised 09/07

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