



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

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.

**FILED**

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BY 293

1. Entity ID Number <b>747867</b>		2. Exact name of the Limited Liability Company <b>Chronomedical Consulting, LLC</b>			
3. NAICS Code <b>812990</b>		4. Brief description of the character of business conducted in Rhode Island <b>Medical Consulting</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>PO Box 610</b>		City <b>East Greenwich</b>		State <b>RI</b>	Zip <b>02818</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Manuel F. DaSilva MD</b>		Contact Title			
Street Address <b>PO Box 610</b>		City <b>East Greenwich</b>		State <b>RI</b>	Zip <b>02818</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
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.					
<b>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.</b>					
Name of Authorized Person <b>Manuel F. DaSilva</b>				Date <b>09-29-18</b>	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)