RI SOS Filing Number: 201879632790 Date: 10/17/2018 4:00:00 PM

State of Rhode Island and Providence Plantations  Department of State - Business Services Division	
Annual Report for the year: Limited Liability Company	
<ul> <li>→ Filing period: September 1 - November 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty. Additional \$25.00 fee if form is not filed by December 1.</li> </ul>	

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Entity ID Number	2. Exact name of the Limited Liability Company					
797369	Solmaz Behtash, D.O., LLC					
3. NAICS Code (12)5	Brief description of the character of business conducted in Rhode Island					
62 - Health Care and Social Ass	-MEDICAL SERVICES					
5. State of Formation						
RHODE ISLAND						
6. Principal Office Address			City	State	Zıp	
126 Prospect Street			Pawtucket	RI	02860	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Solmaz Behtash, D.O.			Contact Title Member			
Street Address 126 Prospect Street, Suite 101			City Pawtucket	State RI	<sup>Z<sub>1</sub>p</sup> 02860	
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	Zıp	
Manager Name -			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		•		Check the box to in	dicate an attachment	
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 Date						
Solmaz Behtash, D.O. 10/12/18						
Signature of Authorized Persen SION 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 **FILED** 

OCT 17 2018

BY 1329

FORM 632 - Revised: 08/2016