RI SOS Filing Number: 201883069030 Date: 12/21/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2018 DEC 21 PM 2: 18

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.

Entity ID Number 2. Exact name of the Limited Liability Company					
509862 GHT Deventpulhology LCC					
NAICS Code 4. Brief description of the character of business conducted in Rhode Island					
541690 medich services					
5. State of Formation No Income ever received					
5. State of Formation Rhode Island LIC Never used Since opened 2009					
6. Principal Office Address			City	State	Zip
123 Hilary Drive			Prandere	RI	02908
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Cladys Telane			Contact Title		
Street Address 23 (+	lary	DV	City Providence		Zip 02908
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Nore			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					
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 GLADYS HTELANGAD Date 12-20-18					
Signature of Authorized Person Haly HT elg MM					
0					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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BY Ch 39SPY