



**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: 2019

1. ID No. 000487551

2. Exact Name of the Limited Liability Company Warwick Pain Associates, 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.

621111

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

ANETHESIOLOGY SERVICES

5. Principal Office Address

No. and Street: 2870 POST 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: Contact Title:

No. and Street: 1342 BELMONT ST

STE 205

City or Town: BROCKTON

State: MA

Zip: 02301

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	BORIS SHWARTZMAN	1342 BELMONT ST. SUITE 205 BROCKTON, MA 02301 USA

MANAGER

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1342 BELMONT ST. SUITE 205
BROCKTON, MA 02301 USA

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

DO CHAN 400 BALD HILL ROAD, SUITE 319 WARWICK , RI 02886

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

Signed this 19 Day of March, 2019 at 1:22:22 PM 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 CHERI MALOMO CPA
Signature of Authorized Person

Form No. 632
Revised 09/07

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