



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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2019 MAR 20 AM 8:48

311.11

Annual Report for the year: 2019
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.

1. Entity ID Number 001338906		2. Exact name of the Limited Liability Company CRITICAL CARE SERVICES, LLC			
3. NAICS Code 62111		4. Brief description of the character of business conducted in Rhode Island ICM MEDICAL SERVICES PROVIDED TO LOCAL HOSPITALS IN NEED OF LOCAL PHYSICIANS.			
5. State of Formation RI					
6. Principal Office Address 40 WESTFIELD DR		City EAST GREENWICH	State RI	Zip 02818	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name SHUN MIRZA		Contact Title OWNER			
Street Address 40 WESTFIELD DR		City EAST GREENWICH	State RI	Zip 02818	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name SHUN MIRZA		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.					
<i>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.</i>					
Name of Authorized Person SHUN MIRZA				Date 3/19/19	
Signature of Authorized Person 		SIGN 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 ✓

MAR 20 2019

8:51

BY CA RUYPT