



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: 2018

1. ID No. 001679507

2. Exact Name of the Limited Liability Company Edwards Health, 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.

621310

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

PROVISION OF PHYSICIAN LEVEL HEALTHCARE TO PATIENT WITH
NEUROMUSCULOSKELETAL DISORDERS, INCLUDING THE EXAMINATION,
DIAGNOSIS, AND
TREATMENT OF SUCH CONDITIONS.

5. Principal Office Address

No. and Street: 685 METACOM AVE

City or Town: BRISTOL

State: RI

Zip: 02809

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: ROBERT EDWARDS Contact Title: OWNER

No. and Street: 70 TURNER STREET

UNIT B10

City or Town: WARWICK

State: RI

Zip: 02886

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name	Address
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First, Middle, Last, Suffix

Address, City or Town, State, Zip Code, Country

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

ROBERT B. EDWARDS II 70 TURNER ST B10 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 21 Day of May, 2019 at 12:30:30 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 ROBERT EDWARDS
Signature of Authorized Person

Form No. 632
Revised 09/07

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