RI SOS Filing Number: 201993726740 Date: 5/20/2019 12:49:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

SECRETARY OF STATE CORPORATIONS SIV

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2019 MAY 20 PH 12: 47

Annual Report for the year: 2018
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 001672738	2. Exact name of the Limited Liability Company Michael Smit, MD, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
541600	Healthcare Information Consulting				
5. State of Formation	1				
Rhode Island					
6. Principal Office Address	-		City	State	Zip
13603 Marina Pointe Drive, Unit C539			Marina Del Rey	CA	90292
7. Mailing Address of Limited Lia	bility Compar	ny and Name or T			
Contact Name Michael Smit			Contact Title Managing Member		
Street Address 13603 Marina Pointe Drive, Unit C539			City Marina Del Rey	State CA	^{Zip} 90292
8. List ALL managers (names ar	nd addresses) of the Limited Li	ability Company, IF APPLICABL	E - DO NOT LIST N	MEMBERS
Manager Name			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	Zıp
		<u></u>		Check the box to it	ndicate an attachment
9. Resident Agent in Rhode Islan	nd. This informa	ation is currently of	record with the Department of State.	. Changes require filin	g Form 642.
Under penalty of perjury, I dec statements, and that all staten				any accompanying	g schedules and
Name of Authorized Person					
Michael Smit	1	•		> / 8	117
Signature of Authorized Person SIGN DOLUMENT HIRE					

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos ri.gov MAY 2 0 2019

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FORM 632 - Revised: 10/2017