



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

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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 541600		4. Brief description of the character of business conducted in Rhode Island Healthcare Information Consulting			
5. State of Formation Rhode Island					
6. Principal Office Address 13603 Marina Pointe Drive, Unit C539		City Marina Del Rey		State CA	Zip 90292
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
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 and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST 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	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.					
<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 Michael Smit				Date 5/8/19	
Signature of Authorized Person <i>Michael Smit</i>				SIGN DOCUMENT HERE	

FILED

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 20 2019

BY GWBD4

A.A. 12:49pm