



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

FILED

JUN 18 2019

BY

1980 DS

1. Entity ID Number 001049016		2. Exact name of the Limited Liability Company Trivedi Medical, LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island Health care consulting, condominium rental			
5. State of Formation Rhode Island					
6. Principal Office Address 532 Elm Grove Avenue			City Providence	State RI	Zip 02906
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Amal Trivedi			Contact Title Manager		
Street Address 532 Elm Grove Avenue			City Providence	State RI	Zip 02906
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 <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 Amal Trivedi				Date June 9, 2019	
Signature of Authorized Person 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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