



Annual Report for the year: 2018
Limited Liability Company

FILED

JUN 18 2019

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1

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 Elmgrove 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 Elmgrove 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	City	State	Zip	
Manager Name		Manager Name			
Street Address		Street Address			
City	State	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					
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.					
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
 Phone: (401) 222-3040
 Website: www.sos.ri.gov