



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED STAMP

Annual Report for the year: 2019

Limited Liability Company

→ Filing period: September 1 - November 1

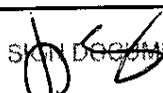
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

AUG 21 2019 FOR
CLERK OF SUPERIOR COURT
FILED ONLY

BY

4290 OS

1. Entity ID Number 000592703		2. Exact name of the Limited Liability Company Newport Family Foot Care			
3. NAICS Code 621391		4. Brief description of the character of business conducted in Rhode Island Podiatry office			
5. State of Formation RI					
6. Principal Office Address 392 Broadway			City Newport	State RI	Zip 02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Jordan Sheff			Contact Title DPM		
Street Address 392 Broadway			City Newport	State RI	Zip 02840
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.					
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 Jordan Sheff				Date 08/16/2019	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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