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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: 2019**Limited Liability Company**

2019 SEP 17 PM 1: 50 . . .

→ 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 001661054	2. Exact name of the Limited Liability Company Sharon Philhip Family Nurse Prostitioner I.I.C.				
3. NAICS Code	Sharon Philbin Family Nurse Practitioner LLC				
621399	Brief description of the character of business conducted in Rhode Island Nurse Practitioner				
5. State of Formation	ivolati i deddollel				
Rhode Island					
6. Principal Office Address		•	City	I Grave	Tal
100 Lafayette Street # .302			Pawtucket	State Ri	Zıp 02860
7. Mailing Address of Limited Lia	ibility Compar	ly and Name or			·
Contact Name Sharon Philbin			Contact Title LLC Member		
Street Address 100 Lafayette Street # 302			City Pawtucket	State RI	^{Zip} 02860
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	Zıp
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.					
Under penalty of perjury, I dec statements, and that all staten	lare and affir nents contain	m that I have ned herein are	examined this report, includin true and correct.	g any accompanyin	g schedules and
Name of Authorized Person Date					
Sharon Philbin 9/12/19					
Signature of Authorized Person Sign DOCUMENT HERE					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

FORM 532 - Revised: 10/2017