



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

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2019 SEP 17 P 1:39

Annual Report for the year: 2017
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 000507451		2. Exact name of the Limited Liability Company Marisel Phillip, DC, LLC			
3. NAICS Code 621310		4. Brief description of the character of business conducted in Rhode Island Chiropractic Health Services, Products and Merchandise			
5. State of Formation Rhode Island					
6. Principal Office Address P.O. Box 113884		City North Providence		State RI	Zip 02911
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Marisel K. Phillip			Contact Title Owner		
Street Address P.O. Box 113884		City North Providence		State RI	Zip 02911
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 Marisel Phillip				Date 9/17/19	
Signature of Authorized Person <i>Marisel Phillip</i>				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

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BY *an 4TPXK*