



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

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.

1. Entity ID Number 747867		2. Exact name of the Limited Liability Company Chronomedical Consulting LLC			
3. NAICS Code 812990		4. Brief description of the character of business conducted in Rhode Island Medical Consulting			
5. State of Formation RI					
6. Principal Office Address PO Box 610			City East Greenwich	State RI	Zip 02818
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Manuel F. DaSilva MD			Contact Title		
Street Address PO Box 610			City East Greenwich	State RI	Zip 02818
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 Manuel F. DaSilva				Date 09-23-2019	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
 146 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 OCT 11 2019
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