RI SOS Filing Number: 201924446710 Date: 10/15/2019 4:00:00 PM



Annual Report for the year: 2019
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

4

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

| STAMP |
|--|
| FILED FLIE SECRETARY OF STATE USE COLF |
| 00-1 |

OCT 1 5 2019

| | | | | | O 17 | |
|--|--|-------------|-------------------------|--------------------|-----------------------|--|
| Entity ID Number | ' ' ' ' ' | | | | | |
| 001691020 | Northeast Executive Medicine & Clinical Consultants 🧻 | | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | |
| 8/2990 | Engage in the business of providing medical related consultation services. | | | | | |
| 5. State of Formation | | | | | | |
| Rhode Island | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 207 CARRIAGE DR | | | PORTSMOUTH | RI | 02871 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name THOMAS E. MCGUE | | | Contact Title PRESIDENT | | | |
| Street Address 207 CARRIAGE DR | | | City PORTSMOUTH | State RI | ^{Zip} 02871 | |
| 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 | | | |
| | State _ | | Toity | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| | | | | Check the box to i | ndicate 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 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 | as M | c Gue | | 10/9//9 | | |
| 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