



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 0000524144		2. Exact name of the limited liability company Handel Center for Spine, Sports & Pain Intervention LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Medical office 561110			
5. Principal office address 100 Highland Ave Ste 102		City Providence	State RI	Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Todd Handel MD			Contact Title owner / Pres.		
Street Address 100 Highland Ave Ste 102		City Providence	State RI	Zip 02904	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 OCT 18 PM 12:05

FILED
 OCT 18 2019
 BY VUSN8
 A.A. 12:07 p.m.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person _____ Date _____
Todd Handel MD
 Print or Type Name of Authorized Person