



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.			

2018 OCT 18 PM 12:05
OFFICE OF THE SECRETARY OF STATE
CORPORATIONS DIV

FILED

OCT 18 2019

BY **VUSN8**
A.A. 12:07 p.m.

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

File Date _____

Check No _____

By: _____

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