



**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 2017**

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.<br><b>0000524144</b>  |       | 2. Exact name of the limited liability company<br><b>Handel Center for Spine, Sport &amp; Pain Interventions LLC</b> |                    |
| 3. State of Formation<br><b>RI</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Medical office 561110</b>          |                    |
| 5. Principal office address<br><b>100 Highland Ave Ste 102</b>   |       | City<br><b>Providence</b>  | State<br><b>RI</b> |
|  |       | Zip<br><b>02906</b>  |                    |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |       |  |                    |
| Contact Name<br><b>Todd Handel MD</b>  |       | Contact Title<br><b>owner / Pres</b>   |                    |
| Street Address<br><b>100 Highland Ave Ste 102</b>  |       | City<br><b>Providence</b>  | State<br><b>RI</b> |
|  |       | Zip<br><b>02906</b>  |                    |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |  |                    |
| Manager Name   |       | Manager Name   |                    |
| Street Address   |       | Street Address   |                    |
| City   | State | City   | State              |
| Zip  |       | Zip  |                    |
| Manager Name   |       | Manager Name   |                    |
| Street Address   |       | Street Address   |                    |
| City   | State | City   | State              |
| Zip  |       | 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.  |       |  |                    |

**FILED**

OCT 18 2019

BY

**VYSN8**  
**A.A. 12:00 pm**

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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