

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.

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1. Entity ID Number 1675062		2. Exact name of the Limited Liability Company					
3. NAICS Code 531390	4. Brief des	RICG-C, LLC 4. Brief description of the character of business conducted in Rhode Island To own and lease real estate.					
5. State of Formation Rhode Island							
6. Principal Office Address 68 Cumberland Street, Ste. 103			City Woonsocket	State RI	Zip 02895		
7 Mailing Address of Limite	ed Liability Compa	ny and Name o	r Title of Contact Person				
Contact Name Joseph P. Mazza, M.D.		Contact Title					
Street Address 68 Cumberland Street, Ste. 103		City Woonsocket	Stale RI	^{Zip} 02895			
8 List ALL managers (nam	nes and addresse	s) of the Limited	Liability Company, IF APPLICAB	BLE - DO NOT LIST	MEMBERS		
Manager Name		Manager Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
Manager Name		<u> </u>	Manager Name	<u></u>			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
				Check the box to	indicate an attachment		
9. Resident Agent in Rhode	e Island. This inforr	mation is currently	of record with the Department of Sta	te Changes require file	ng Form 642.		
Under penalty of perjury, statements, and that all s			examined this report, including true and correct.	g any accompanyin	ng schedules and		
Name of Authorized Person				Date			
Joseph P. Mazza, M.D.			N 1				
Signature of Authorized Pe	erson	\$ · 1	N OCCUPT: GEFE				
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov