RI SOS Filing Number: 201926027520 Date: 10/28/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

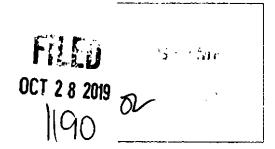
Department of State - Business Services Division

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.



1. Entity ID Number 001665208		2. Exact name of the Limited Liability Company RHODE ISLAND DERMATOLOGY MANAGEMENT Co. L.C.				
3. NAICS Code		Brief description of the character of business conducted in Rhode Island				
541611	CONSULT	ING				
5. State of Formation						
RI						
6. Principal Office Address			City	State	Zip	
3 WAKE ROBIN ROAD			LINCOLN	RI	02865	
7. Mailing Address of Limite		ny and Name o			****	
Contact Name SHANE MORGAN			Contact Title MEMBER			
Street Address 3 WAKE ROBIN ROAD			City LINCOLN	State RI	^{Zip} 02865	
8. List ALL managers (nam	es and addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Stroet Address			
City	State	Zıp	City	State	Zip	
		····		Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode	Island. This inform	nation is currently	of record with the Department of S	tate. Changes require filir	g Form 642	
Under penalty of perjury, statements, and that all s	l declare and aff latements conta	irm that I have ined herein are	examined this report, includi true and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person				Date	Date	
SHANE MORGAN - MEMBER				10-18-19		
Signature of Authorized Per	son	SIG	N DE CUMENT LE RE			

MAIL TO:

Division of Business Services

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

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