



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.

FILED

OCT 28 2019

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1. Entity ID Number 001665208		2. Exact name of the Limited Liability Company RHODE ISLAND DERMATOLOGY MANAGEMENT Co. LLC	
3. NAICS Code 541611		4. Brief description of the character of business conducted in Rhode Island CONSULTING	
5. State of Formation RI			
6. Principal Office Address 3 WAKE ROBIN ROAD		City LINCOLN	State RI
		Zip 02865	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name SHANE MORGAN		Contact Title MEMBER	
Street Address 3 WAKE ROBIN ROAD		City LINCOLN	State RI
		Zip 02865	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Check the box to indicate an attachment <input type="checkbox"/>			
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642			
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.			
Name of Authorized Person SHANE MORGAN - MEMBER		Date 10-18-19	
Signature of Authorized Person 		SIGN DOCUMENT TO RI	

MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov