RI SOS Filing Number: 201926901000 Date: 11/4/2019 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.

| FILED | |
|---------------------------|--|
| NOV 04 2019 BY 9142 05 | |

| 1. Entity ID Number 153186 | 2. Exact nam | 2. Exact name of the Limited Liability Company Narragansett Medical Building Associates LLC | | | | | |
|--|------------------------|---|---|---|--------------------------|--|--|
| 3. NAICS Code 531120 | | 4. Brief description of the character of business conducted in Rhode Island To own, lease, sell and manage real property. | | | | | |
| 5. State of Formation RI | | | | | | | |
| 6. Principal Office Address 360 Kingstown Road, Unit 205 | | | City Narragansett | State RI | Zip 02882 | | |
| 7. Mailing Address of Limite | ed Liability Company | y and Name or Tit | le of Contact Person | | | | |
| Contact Name Kenneth J. Hathaway | | | Contact "itle President | | | | |
| Street Address 360 Kingstown Road. Unit 205 | | | City Narragansett | State RI | ^{7 p} 02882 | | |
| 8. List ALL managers (nam | nes and addresses) | of the Limited Lia | bility Company, IF APPLICAB | BLE - DO NOT LIST | MEMBERS | | |
| Manager Name Kenneth J. I | | | | Manager Name Louis V. Colavecchio, M.D. | | | |
| Street Acdress 360 Kingstown Road, Unit 205 | | | Street Address 360 Kingstown Road, Unit 205 | | | | |
| City Narragansett | State RI | Zip 02882 | City Narragansett | State RI | Z-p 02882 | | |
| Manager Name Monica Gross | | | Manager Name Christine Stewart | | | | |
| Street Address 360 Kingstown Road, Unit 205 | | | Street Address 360 Kingstown Road, Unit 205 | | | | |
| City Narragansett | State RI | Z p 02882 | City Narragansett | State _{RI} | Z:p 02882 | | |
| | | | | Check the box to | indicate an attachment 🕝 | | |
| 9. Resident Agent in Rhod | e Island. This informa | ation is currently of | record with the Department of Sta | ate. Changes require fil | ing Form 642. | | |
| Under penalty of perjury, statements, and that all s | I declare and affil | m that I have ex | amined this report, includin | g any accompanyi | ng schedules and | | |
| Name of Authorized Perso | | | | Date | a / = | | |
| Kenneth J. Hathaway | | | | 10/2 | 8/19 | | |
| Signature of Authorized Po | region /2 | | | | | | |

MAIL TO:

Division of Business Services

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

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

FORM 632 - Revised: 10/2017

Narragansett Medical Building Associates LLC. ID No. 153186

ATTACHMENT TO 2019 ANNUAL REPORT LIST OF MANAGERS

James J. Murdocco, Trustee 360 Kingstown Road, Unit 205 Narragansett, RI 02882

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