



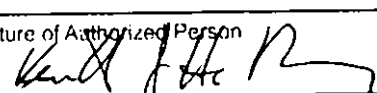
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: 2019
Limited Liability Company

NOV 04 2019
 BY 9142 DS

- 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 153186 | | 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 Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Kenneth J. Hathaway | | | Contact Title President | | |
| Street Address 360 Kingstown Road, Unit 205 | | | City Narragansett | State RI | Zip 02882 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name Kenneth J. Hathaway | | | Manager Name Louis V. Colavecchio, M.D. | | |
| Street Address 360 Kingstown Road, Unit 205 | | | Street Address 360 Kingstown Road, Unit 205 | | |
| City Narragansett | State RI | Zip 02882 | City Narragansett | State RI | Zip 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 | Zip 02882 | City Narragansett | State RI | Zip 02882 |
| Check the box to indicate an attachment: <input checked="" type="checkbox"/> | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | |
| <i>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.</i> | | | | | |
| Name of Authorized Person Kenneth J. Hathaway | | | | Date 10/28/19 | |
| Signature of Authorized Person  | | | | | |

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

Narragansett Medical Building Associates I.I.C.
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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