RI SOS Filing Number: 202032771970 Date: 1/21/2020 4:00:00 PM

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

JAN 2 1 2020

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	2. Exact nam	2. Exact name of the Limited Liability Company				
1676459		Ocean State Urgent Care Center of Newport, LLC				
3. NAICS Code 621111	4. Brief descr	Brief description of the character of business conducted in Rhode Island Providing urgent care medical services.				
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
67 Valley Road			Middletown	RI	02842	
7. Mailing Address of Limit	ted Liability Company	y and Name or Tit	le of Contact Person			
Contact Name Frank D'Ale	ssandro, M.D.		Contact Title Member			
Street Address 2130 Mendon Road			City Cumberland	State RI	^{Zip} 02864	
8. List ALL managers (na	mes and addresses)	of the Limited Lia	bility Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS	
Manager Name Jennifer A. Coyne			Manager Name			
Street Address 67 Valley Road			Street Address			
City Middletown	State RI	Zip 02842	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		<u> </u>		Check the box to	indicate an attachment	
9. Resident Agent in Rho	de Island. This informa	ation is currently of r	ecord with the Department of Sta	ate. Changes require fil	ing Farm 642.	
	y, I declare and affil	m that I have ex	amined this report, includin			
Name of Authorized Pers				Date	-10000	
Frank D'Alessandro, M.	D.				5/2020	
Signature of Authorized F	Person	codi				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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