

State of Rhode Island and Providence Plantations

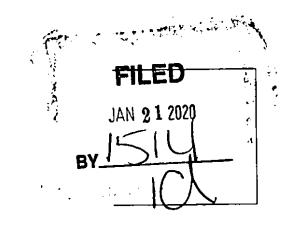
Department of State - Business Services Division

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 1100086	2. Exact name of the Limited Liability Company Ocean State Urgent Care Center of Coventry, LLC				
3. NAICS Code 622110	Brief description of the character of business conducted in Rhode Island Provide urgent medical care services.				
5. State of Formation RI	1				
6. Principal Office Address			City	State	Zip 02816
982 Tiogue Avenue			Coventry	RI	02010
7. Mailing Address of Limited Lis		y and Name or Tit			
Contact Name Frank D'Alessandro, M.D.			Contact Title Member		
Street Address 2130 Mendon Road			City Cumberland	State RI	^{Ζiρ} 02864
8. List ALL managers (names a	nd addresses)	of the Limited Lial	bility Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS
Manager Name Jonathan H. Martin, M.D.			Manager Name		
Street Address 2 Wake Robin Rd., Unit 103			Street Address		
City Lincoln	State RI	^{Zip} 02865	City	State	Zip
Manager Name	 		Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<u> </u>	<u> </u>			Check the box to	indicate an attachment
9. Resident Agent in Rhode Isla	nd. This Informa	ation is currently of re	ecord with the Department of Sta	ite. Changes require fili	ng Form 642.
Under penalty of perjury, I de statements, and that all state	clare and affir	m that I have exa	mined this report, includin		
Name of Authorized Person Frank D'Alessandro, M.D.				Date 1//	15/2020
Signature of Authorized Person	Typaline	r M	The American		

MAIL TO:

Division of Business Services

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

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