RI SOS Filing Number: 202032773370 Date: 1/21/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

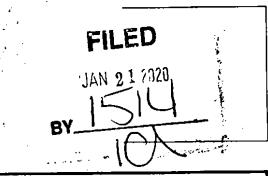
Department of State - Business Services Division

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.



1. Entity ID Number 1685370	2. Exact name of the Limited Liability Company Ocean State Primary, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
621111	Medical services.				
5. State of Formation					
Rhode Island					
6. Principal Office Address			City	State	Zip
2130 Mendon Road			Cumberland	RI	02864
7. Mailing Address of Limited Lia	bility Company	and Name or Titl			
Contact Name Frank D'Alessandro, M.D.			Contact Title Member		
Street Address 2130 Mendon Road			City Cumberland	State RI	^{Zip} 02864
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Robert Crausman, M.D.			Manager Name		
Street Address 2130 Mendon Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Ζip
	L		. <u> </u>	Check the box to	indicate an attachment
9. Resident Agent in Rhode Isla	nd. This informa	tion is currently of re	ecord with the Department of Sta	te. Changes require fili	ng Form 642.
Under penalty of perjury, I dec statements, and that all states	clare and affire ments contain	n that I have exa ed herein are tru	mined this report, including and correct.	g any accompanyir	ng schedules and
Name of Authorized Person				Date	<u> </u>
Frank D'Alessandro, M.D.			//	5/2020	
Signature of Authorized Person SIGN COLUMENT HERE					
fredhouse no					

MAIL TO:

Division of Business Services

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

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