



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

**FILED**

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.

JAN 21 2020  
 BY 1514

1. Entity ID Number <b>1685371</b>		2. Exact name of the Limited Liability Company <b>Ocean State Urgent Care, LLC</b>			
3. NAICS Code <b>621111</b>		4. Brief description of the character of business conducted in Rhode Island <b>Medical services.</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>2130 Mendon Road</b>			City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Frank D'Alessandro, M.D.</b>			Contact Title <b>Member</b>		
Street Address <b>2130 Mendon Road</b>			City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Robert Crausman, M.D.</b>			Manager Name		
Street Address <b>2130 Mendon Road</b>			Street Address		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input 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 <b>Frank D'Alessandro, M.D.</b>				Date <b>1/15/2020</b>	
Signature of Authorized Person 			NON-RESIDENT MEMBER		

**MAIL TO:**  
 Division of Business Services  
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