RI SOS Filing Number: 202032773910 Date: 1/21/2020 4:00:00 PM



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.

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BY	1514	<sup>-</sup> -1
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1. Entity ID Number 1664088	2. Exact name of the Limited Liability Company Ocean State Urgent Care MSO, LLC					
3. NAICS Code 621498	Brief description of the character of business conducted in Rhode Island     Provide urgent medical care services.					
5. State of Formation RI	7					
6. Principal Office Address			City	State	Zip	
2130 Mendon Road			Cumberland	RI	02864	
7. Mailing Address of Limited L	iability Compa	ny and Name or				
Contact Name Frank D'Alessandro, M.D.			Contact Title Member	Contact Title Member		
Street Address 2130 Mendon Road			<sup>Cky</sup> Cumberland	State RI	<sup>Zip</sup> 02864	
8. List ALL managers (names	and addresses	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
· · · · · · · · · · · · · · · · · · ·			<del></del>	Check the box to	Indicate an attachment	
9. Resident Agent in Rhode Is	land. This infor	mation is currently	of record with the Department of Sta	ele. Changes require fil	ing Form 642.	
Under penalty of perjury, I d statements, and that all stat	eclare and af	firm that I have	examined this report, including	ng any accompanyli	ng schedules and	
Name of Authorized Person				Date /		
Frank D'Alessandro, M.D.				1 1//	5/2020	
Signature of Authorized Perso	- The almost	imp Sile	N DOCUMENT Hitter			

MAIL TO:

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

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