



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

RECEIVED
STATE
CLERK

2020 APR 20 3 26 STAMP

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 000943930		2. Exact name of the Limited Liability Company LIGHTHOUSE MEDICAL SOLUTIONS, LLC	
3. NAICS Code 541600		4. Brief description of the character of business conducted in Rhode Island MEDICAL SALES AND CONSULTING	
5. State of Formation RHODE ISLAND			
6. Principal Office Address 33 LAMSON ROAD		City BARRINGTON	State RI
		Zip 02806	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name JAMES M. LEFFERS		Contact Title SOLE MEMBER	
Street Address 33 LAMSON ROAD		City BARRINGTON	State RI
		Zip 02806	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
City	State	Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
City	State	Zip	
Check the box to indicate an attachment ☐			
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.			
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.			
Name of Authorized Person JAMES M. LEFFERS		Date 4/12/20	
Signature of Authorized Person <i>J. M. Leffers</i>		SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

APR 20 2020

KL BD3QF

3-31