



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2018**

## 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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1. Entity ID Number <b>001214175</b>		2. Exact name of the Limited Liability Company <b>KidsVax, LLC</b>			
3. NAICS Code <b>541990</b>		4. Brief description of the character of business conducted in Rhode Island <b>Administrator of vaccine programs</b>			
5. State of Formation <b>NH</b>					
6. Principal Office Address <b>P. O. Box 1885</b>		City <b>Concord</b>	State <b>NH</b>	Zip <b>03302</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Nicole G. Price</b>			Contact Title <b>CEO Northeast Region</b>		
Street Address <b>125 North State Street</b>		City <b>Concord</b>	State <b>NH</b>	Zip <b>03301</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Fred L. Potter</b>			Manager Name		
Street Address <b>125 North State Street</b>			Street Address		
City <b>Concord</b>	State <b>NH</b>	Zip <b>03301</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.					
<b>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.</b>					
Name of Authorized Person <b>Nicole G. Price</b>				Date <b>April 28, 2020</b>	
Signature of Authorized Person 					

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## MAIL TO:

Division of Business Services

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