



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

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Annual Report for the year: 2019

2020 JUL - 7 PM 4:22

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 001675837	2. Exact name of the Limited Liability Company Paul J. Fulton, D.O., M.P.H., LLC					
3. NAICS Code 621112	4. Brief description of the character of business conducted in Rhode Island For a few months I worked part-time as an independent contractor psychiatrist from 08/17 - 03/18. Since then I have done a limited amount of consulting.					
5. State of Formation Rhode Island	6. Principal Office Address 19 Manning Drive	State RI Zip 02806				
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person <table border="1"> <tr> <td>Contact Name Paul J. Fulton</td> <td>Contact Title Physician (D.O., M.P.H.)</td> </tr> <tr> <td>Street Address 19 Manning Drive</td> <td>City Barrington State RI Zip 02806</td> </tr> </table>			Contact Name Paul J. Fulton	Contact Title Physician (D.O., M.P.H.)	Street Address 19 Manning Drive	City Barrington State RI Zip 02806
Contact Name Paul J. Fulton	Contact Title Physician (D.O., M.P.H.)					
Street Address 19 Manning Drive	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 None	Manager Name None					
Street Address	Street Address					
City	State	Zip				
Manager Name	Manager Name					
Street Address	Street Address					
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 Paul J. Fulton, D.O., M.P.H.	Date 7-7-2020					
Signature of Authorized Person Paul J. Fulton, D.O., M.P.H.						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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