Office of the Secretary of State         Division Of Business Services         148 W. River Street         Providence RI 02904-2615         (401) 222-3040    Limited Liability Company Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing					
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R.1.G.L. 7-16-68(d), each limited liability company failing or refusing to the ite annual report with mitty (20) acps atter the time presenbed by law (R.1.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2019         1. ID No.       001679981         2. Exact Name of the Limited Liability Company HAMAMSY LLC         3. State of Formation         State: RI         State: RI         ATTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. <u>621111</u> 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         MEDICAL SERVICES.         5. Principal Office Address         No. and Street:       10 PARK ROW W         Contact Name: SALAHELDIN ELHAMAMSY Contact Title: MEMBER         No. and Street:       10 PARK ROW W         Contact Name: SALAHELDIN ELHAMAMSY Contact Title: MEMBER         No. and Street:				Fee: \$50.00	
Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file is annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&0)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR:       2019         1. ID No. <u>001679981</u> 2. Exact Name of the Limited Liability Company HAMAMSY LLC         3. State of Formation State: RI         Marce of the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         621111         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         MEDICAL SERVICES.         5. Principal Office Address         No. and Street: <u>10 PARK ROW W</u> City or Town:         Contact Name: <u>SAL4FELDIN ELHAMAMSY Contact Title: MEMBER</u> No. and Street:         No. and Street: <u>10 PARK ROW W</u> City or Town:         Contact Name: <u>SAL4FELDIN ELHAMAMSY Contact Title: MEMBER</u> No. and Street:         No and Street: <u>10 PARK ROW W</u> City or Town: <u>210 PARK ROW W</u> City or Town:         Contact Name: <u>SALAHELDIN ELHAMAMSY Contact Title: MEMBER</u> No. and Street: <u>10 PARK ROW W</u> City or Town:         Name		Division Of Business	Services		
(401) 222-3040         Limited Liability Company Filing Period. September 1 - November 1         In accordance with RJ CJ. 7-16-66(d), each limited liability company failing or refusing to file its annual report with thrt/ (30) days after the time prescribed by law (RJ.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2019         1. ID No. 001679981         2. Exact Name of the Limited Liability Company HAMAMSY LLC         3. State of Formation State: RI         ARTICLE II         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         621111         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         MEDICAL SERVICES.         5. Principal Office Address         No. and Street: 10 PARK ROW W City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: SALAHELDIN ELHAMAMSY Contact Title: MEMBER No. and Street: 10 PARK ROW W City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA         1. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS         Itile Individual Name Address First, Middle, Last, Suf	148 W. River Street				
Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&0) is subject to a panalty fee of \$25.00. ANNUAL REPORT YEAR: 2019 1. ID No. 001679981 2. Exact Name of the Limited Liability Company <u>HAMAMSY LLC</u> 3. State of Formation State: <u>RI</u> RTTCLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here</u> . More information on <u>NAICS</u> can be found online. <u>621111</u> 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island <u>MEDICAL SERVICES</u> 5. Principal Office Address No. and Street: <u>10 PARK ROW W</u> City or Town: <u>PROVIDENCE</u> State: <u>RI</u> Zip: 02903 Country: <u>USA</u> 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>SALAHELDIN ELHAMAMSY</u> Contact Title: <u>MEMBER</u> No. and Street: <u>10 PARK ROW W</u> City or Town: <u>PROVIDENCE</u> State: <u>RI</u> Zip: 02903 Country: <u>USA</u> 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. <u>DO NOT LIST MEMBERS</u> <u>Title Individual Name</u> Address <u>First. Midde, Last, Suffix</u> Address, City or Town, State, Zip Code, Country					
Annual Report         Filing Period: September 1 - November 1         In accordance with R1.G.L. 7-16-66(d), each limited liability company failing or refusing to fol bits annual report with in thry (30) days after the time prescribed by law (R1.G.L. 7-16-66(b&c)) is subject to a ponalty fee of \$25.00.         ANNUAL REPORT YEAR: 2019         1. ID No.       0016739981         2. Exact Name of the Limited Liability Company HAMAMSY LLC         3. State of Formation         State; RI         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         621111         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         MEDICAL SERVICES.         5. Principal Office Address         No. and Street:       10 PARK ROW W         City or Town:       SALAHELDIN ELHAMAMSY Contact Title: MEMBER         No. and Street:       10 PARK ROW W         Contact Name:       SALAHELDIN ELHAMAMSY Contact Title: MEMBER         No. and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS       Title         Individual Name       Address         Address, City or Town, State, Zip Code, Country	HOPE	(401) 222-304	.0		
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No. and Street:       10 PARK ROW W PROVIDENCE       State: RI       Zip: 02903       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       SALAHELDIN ELHAMAMSY Contact Title:       MEMBER         No. and Street:       10 PARK ROW W       Endowney         City or Town:       PROVIDENCE       State: RI       Zip: 02903       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS       Individual Name       Address         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country	MEDICIAL SERVICES.				
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City or Town:       PROVIDENCE       State: RI       Zip:       02903       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       SALAHELDIN ELHAMAMSY Contact Title:       MEMBER         No. and Street:       10 PARK ROW W       Endowidation of the contact Person         City or Town:       PROVIDENCE       State: RI       Zip:       02903       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS       Address         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country	No. and Street: 10	PARK ROW W			
Contact Name:       SALAHELDIN ELHAMAMSY Contact Title:       MEMBER         No. and Street:       10 PARK ROW W         City or Town:       PROVIDENCE       State: RI       Zip: 02903       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country			Zip: <u>02903</u>	Country: <u>USA</u>	
No. and Street: City or Town:       10 PARK ROW W PROVIDENCE       State: RI       Zip: 02903       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS       Individual Name       Address         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country	6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
No. and Street: City or Town:       10 PARK ROW W PROVIDENCE       State: RI       Zip: 02903       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS       Individual Name       Address         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country	Contact Name: SALAHELDIN ELHAMAMSY Contact Title: MEMBER				
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DO NOT LIST MEMBERS       Individual Name       Address         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country	City or Town: PR	OVIDENCE State: RI	Zip: <u>02903</u>	Country: <u>USA</u>	
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country					
	Title	Individual Name	Ado	lress	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER		First, Middle, Last, Suffix	Address, City or Town,	State, Zip Code, Country	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER					
	8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

RICHARD E. KUHN III, ESQ. 4474 POST ROAD EAST GREENWICH , RI 02818

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 30 Day of July, 2020 at 6:03:59 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By <u>RICHARD E. KUHN, III, ESQ.</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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