



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

Annual Report for the year: **2020**  
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.

**FILED**

SEP 30 2020

BY

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1. Entity ID Number <b>1666572</b>		2. Exact name of the Limited Liability Company <b>ID MANAGEMENT PARTNERS LLC</b>			
3. NAICS Code <b>541690</b>		4. Brief description of the character of business conducted in Rhode Island <b>Serving as consultants for the management of infectious diseases.</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>P.O. Box 990</b>			City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Gail Skowron</b>			Contact Title		
Street Address <b>46 Donald Potter Road</b>			City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>N/A</b>			Manager Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name <b>N/A</b>			Manager Name <b>N/A</b>		
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.					
<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 <b>Gail Skowron</b>				Date <b>9-28-2020</b>	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

**MAIL TO:**

**Division of Business Services**

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

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