



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

FILED

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.

SEP 30 2020

BY 1165 OS

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

MAIL TO:
Division of Business Services
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 Website: www.sos.ri.gov