



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
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.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&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. ID No.** 000941944

**2. Exact Name of the Limited Liability Company** PRECISION PAIN TREATMENT CLINIC, 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**

TO ENGAGE IN PROFESSIONAL SERVICES PURSUANT TO SECTION 7-16.3.1, WHICH  
INCLUDE PAIN  
MANAGEMENT SERVICES.

**5. Principal Office Address**

No. and Street: 14 CEDAR SWAMP ROAD

City or Town: SMITHFIELD

State: RI

Zip: 02917

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: PRECISION PAIN TREATMENT CLINIC Contact Title:

No. and Street: 14 CEDAR SWAMP ROAD

City or Town: SMITHFIELD

State: RI

Zip: 02917

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 |

MANAGER

KEITH A. PERRY, M.D.

14 CEDAR SWAMP ROAD  
SMITHFIELD, RI 02917 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

THEODORE B. HOWELL, ESQ. 19 BASSETT STREET SUITE 220 PROVIDENCE , RI 02903

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

**Signed this 1 Day of October, 2020 at 12:13:23 PM 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 ILANA BURNS  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2020 State of Rhode Island  
All Rights Reserved