



**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.** 000686082

**2. Exact Name of the Limited Liability Company** SOUTHERN NEW ENGLAND HEALTHCARE FOR WOMEN, 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 PRACTICE-PHYSICIANS

**5. Principal Office Address**

No. and Street: 333 SCHOOL STREET SUITE 200

City or Town: PAWTUCKET

State: RI Zip: 02860 Country: USA

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

Contact Name: Contact Title:

No. and Street: 333 SCHOOL STREET SUITE 200

City or Town: PAWTUCKET

State: RI Zip: 02860 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	TOLGA N. KOKTURK MD.	333 SCHOOL STREET, SUITE 205 PAWTUCKET, RI 02860 USA

MANAGER

LISA BOYLE

297 PROMENADE ST  
PROVIDENCE, RI 02908 USA

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

TOLGA N. KOKTURK, M.D. 333 SCHOOL STREET, SUITE 205 PAWTUCKET , RI 02860

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

**Signed this 6 Day of October, 2020 at 12:17:10 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 SANDY COUTU  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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