



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

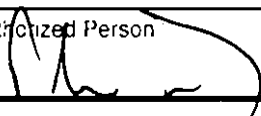
FILED

OCT 13 2020

22594

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.

1. Entity ID Number 134153		2. Exact name of the Limited Liability Company BROADWAY MEDICAL TREATMENT CENTER, LLC	
3. NAICS Code 813920		4. Brief description of the character of business conducted in Rhode Island Medical treatment center.	
5. State of Formation Rhode Island			
6. Principal Office Address 1053 South Broadway		City East Providence	State RI Zip 02914
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Stephen J. DiGianfilippo, Esq.		Contact Title Attorney	
Street Address 50 Park Row West, Suite 111		City Providence	State RI Zip 02903
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name Peter G. Brassard, MC		Manager Name	
Street Address 35 Bluff Road		Street Address	
City Barrington	State RI	Zip 02806	City State Zip
Manager Name		Manager Name	
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 Peter G. Brassard, MD		Date	
Signature of Authorized Person  10/13/20			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov