



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

OCT 15 2020

4376

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 306673		2. Exact name of the Limited Liability Company Peter C. Brasch, MD, LLC			
3. NAICS Code 621320		4. Brief description of the character of business conducted in Rhode Island Eye Physician and surgeon			
5. State of Formation Rhode Island					
6. Principal Office Address 1 Thurber Blvd.			City Smithfield	State RI	Zip 02917
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Peter C. Brasch, MD, LLC			Contact Title Member		
Street Address 1 Thurber Blvd.			City Smithfield	State RI	Zip 02917
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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.					
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 Peter C. Brasch, MD				Date 10/10/2020	
Signature of Authorized Person <i>Peter C. Brasch/MD</i>					

MAIL TO:

Division of Business Services

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