



State of Rhode Island
Department of State - Business Services Division

FILED

OCT 19 2020

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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 001676444		2. Exact name of the Limited Liability Company Care Center Rhode Island, LLC			
3. NAICS Code 56110		4. Brief description of the character of business conducted in Rhode Island Addiction medicine medical office			
5. State of Formation RI					
6. Principal Office Address 642 East Ave			City Warwick	State RI	Zip 02886
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Nicholas Johnston			Contact Title		
Street Address 642 East Ave			City Warwick	State RI	Zip 02886
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. The Resident Agent information currently of record with the RI Department of State is accurate. 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 Nicholas Johnston				Date 10/13/20	
Signature of Authorized Person <i>N Johnston</i>					

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