



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

FILED

OCT 26 2020

BY

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 154843		2. Exact name of the Limited Liability Company SCHB, LLC			
3 NAICS Code 541611		4. Brief description of the character of business conducted in Rhode Island Medical office building			
5. State of Formation Rhode Island					
6. Principal Office Address 3461 South County Trail			City East Greenwich	State RI	Zip 02818
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			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 Nancy A. Greim, Member				Date 10/12/2020	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:

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