



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

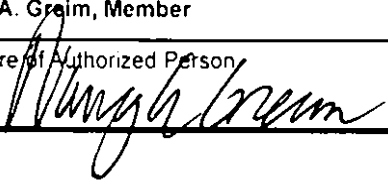
FILED

OCT 26 2020

Annual Report for the year: 2020  
Limited Liability Company

BY 220611  
OS

- 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<br><b>154843</b>                                                                                                                                                                 |       | 2. Exact name of the Limited Liability Company<br><b>SCHB, LLC</b>                                            |                                  |                           |                     |
| 3. NAICS Code<br><b>541611</b>                                                                                                                                                                       |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Medical office building</b> |                                  |                           |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                         |       |                                                                                                               |                                  |                           |                     |
| 6. Principal Office Address<br><b>3461 South County Trail</b>                                                                                                                                        |       | City<br><b>East Greenwich</b>                                                                                 |                                  | State<br><b>RI</b>        | Zip<br><b>02818</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                               |                                  |                           |                     |
| Contact Name<br><b>Stephen J. DiGianfilippo, Esq.</b>                                                                                                                                                |       |                                                                                                               | Contact Title<br><b>Attorney</b> |                           |                     |
| Street Address<br><b>50 Park Row West, Suite 111</b>                                                                                                                                                 |       | City<br><b>Providence</b>                                                                                     |                                  | State<br><b>RI</b>        | Zip<br><b>02903</b> |
| 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<br><b>Nancy A. Greim, Member</b>                                                                                                                                           |       |                                                                                                               |                                  | Date<br><b>10/12/2020</b> |                     |
| Signature of Authorized Person<br>                                                                                |       |                                                                                                               |                                  | SIGN DOCUMENT HERE        |                     |

MAIL TO:  
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