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	2. Exact name of the Limited Liability Company		
154843	**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 ☐

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	Date
Nancy A. Greim, Member	10/12/2020

Signature of Authorized Person SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
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