RI SOS Filing Number: 202071892980 Date: 10/28/2020 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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.

FILED
OCT 28 2020
BY 60020

1. Entity ID Number	2. Exact name of the Limited Liability Company		
1336193	RHODE ISLAND APD, LLC		
3. NAICS Code: 621340	4. Brief description of the character of business conducted in Rhode Island: MEDICAL PRACTICE SPECIALIZING IN AUDIOLOGY		
5. State of Formation: RI			
6. Principal Office Address: 989 RESERVOIR AVE, #203	City: CRANSTON	State: RI	Zip: 02910
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: MATTHEW FEARON	Contact Title: PRINCIPAL		
Street Address: 15 GLEN RIDGE RD	City: CRANSTON	State: RI	Zip: 02920

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 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	Date
MATTHEW FEARON	10/21/2020

Signature of Authorized Person: Matthew M. Fearon

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