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## Annual Report for the year: $\frac{2020}{}$ **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					
167506?	RICG-C, LLC					
3 NAICS Code						
531390	Brief description of the character of business conducted in Rhode Island To own and lease real estate.					
	13 Contraine rease real estate.					
5 State of Formation						
Rhode Island						
6 Principal Office Address			City	State	Zip	
68 Cumberland Street, Ste. 103			Woonsocket	RI	02895	
7 Mailing Address of Limited Lia	bility Compa	ny and Name or	Title of Contact Person			
Contact Name Joseph P. Mazza, M.D.			Contact Title	Contact Title		
Street Address 68 Cumberland Street, Ste. 103			City Woonsocket	State RI	Zip 02895	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip.	City	State	Zip	
Manager Name	•		Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	7ip	
		<del></del>		Check the box to i	ndicate 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		
Joseph P. Mazza, M.D.						
Signature of Authorized Person						

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov