



State of Rhode Island

Department of State - Business Services Division

FILED

NOV 16 2020

BY 1851
DSAnnual 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 1672799		2. Exact name of the Limited Liability Company Ocean State Urgent Care Center of North Providence, LLC			
3. NAICS Code 621111		4. Brief description of the character of business conducted in Rhode Island Providing urgent care medical services.			
5. State of Formation Rhode Island					
6. Principal Office Address 1637 Mineral Spring Avenue		City North Providence		State RI	Zip 02904
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Frank D'Alessandro, M.D.			Contact Title Member		
Street Address 2130 Mendon Road		City Cumberland		State RI	Zip 02864
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Jennifer A. Coyne			Manager Name		
Street Address 400 Putnam Pike			Street Address		
City Smithfield	State RI	Zip 02917	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. 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 Frank D'Alessandro, M.D.				Date 11/3/20	
Signature of Authorized Person 					

MAIL TO:

Division of Business Services

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