



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2020

FILED

## Limited Liability Company

NOV 16 2020

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

BY

 1851  
 DS

1. Entity ID Number 1677702		2. Exact name of the Limited Liability Company Ocean State Urgent Care Center of Cumberland Holding Company, LLC			
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island Holding company.			
5. State of Formation Rhode Island					
6. Principal Office Address 2130 Mendon Road		City Cumberland		State RI	Zip 02864
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		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. 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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