



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

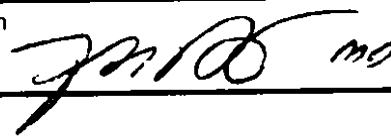
→ Filing Fee: \$50.00

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

FILED

NOV 16 2020

BY 1851 DS

1. Entity ID Number 1445469		2. Exact name of the Limited Liability Company Ocean State Urgent Care at St. Joseph Health Center, LLC			
3. NAICS Code 621498		4. Brief description of the character of business conducted in Rhode Island Health center.			
5. State of Formation Rhode Island					
6. Principal Office Address 21 Peace Street		City Providence		State RI	Zip 02907
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 21 Peace Street			Street Address		
City Providence		State RI	Zip 02907	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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