

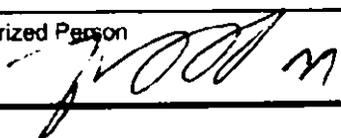


State of Rhode Island  
**Department of State - Business Services Division**

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 1664550		2. Exact name of the Limited Liability Company East Side Primary Care Providence, LLC			
3. NAICS Code 622110		4. Brief description of the character of business conducted in Rhode Island Provide primary care medical services.			
5. State of Formation Rhode Island					
6. Principal Office Address 1195 North Main Street		City 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		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.					
<b>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.</b>					
Name of Authorized Person Frank D'Alessandro, M.D.				Date 11/3/20	
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