RI SOS Filing Number: 202077288110 Date: 11/23/2020 4:00:00 PM

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| | State of Rhode Island | | | | |
| | State of Rhode Island Department of State | | | | |
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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.

| NOV 2 3 2020 |
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| |
| nducted in Rhode Island |

FILED

| 1. Entity ID Number 000126438 | 2. Exact name of the Limited Liability Company PENNY & VINCENT'S ENTERPRISES, LLC | | | | | |
|--|---|-------------------|---|--------------------|-----------------------|--|
| 3. NAICS Code 531120 | Brief description of the character of business conducted in Rhode Island TO OWN REAL ESTATE | | | | | |
| 5. State of Formation RHODE ISLAND | | | | | | |
| 6. Principal Office Address ONE OFFICE PARKWAY | | | City EAST PROVIDENCE | State RI | Zip 02914 | |
| 7. Mailing Address of Limited Lia | ability Company | and Name or Tit | | | | |
| Contact Name VINCENT A. ARMENIO, M.D. | | | Contact Title MANAGER | | | |
| Street Address 577 WARREN AVENUE -STE 200 | | | City EAST PROVIDENCE | State RI | Zip 02914 | |
| | | | bility Company, IF APPLICABLE - | DO NOT LIST N | MEMBERS | |
| Manager Name VINCENT A. ARMENIO, M.D. | | | Manager Name JENNIFER JEREMIAH, M.D. | | | |
| Street Address 64 FRANCIS STREET | | | Street Address 64 FRANCIS STREET | | | |
| City REHOBOTH | State MA | Zip 02769 | City REHOBOTH | State MA | Zip 02769 | |
| Manager Name N/A | | | Manager Name N/A | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | ZiQ. | |
| | 1 | • | Cr | neck the box to in | ndicate an attachment | |
| 9 The Resident Agent informati | on currently of r | record with the R | I Department of State is accurate. | Changes require | filing Form 642. | |
| Under penalty of perjury, I dec statements, and that all states | | | amined this report, including an ie and correct. | y accompanying | g schedules and | |
| Name of Authorized Person / | | | | | Date | |
| VINCENT A ARMENIO, M.D. | | | | November 12, 2020 | | |
| Signature of Authorized Person | | u | | | | |

MAIL TO:

Division of Business Services

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

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