



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company**

**Annual Report**

*Filing Period: September 1 - November 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR: 2020**

**1. ID No. 000683545**

**2. Exact Name of the Limited Liability Company Infectious Diseases Associates of Rhode Island, LLC**

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

62111

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

TO PROVIDE MEDICAL CARE

**5. Principal Office Address**

No. and Street: 115 CASS AVENUE  
City or Town: WOONSOCKET State: RI Zip: 02895 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: RAYMOND ANDOLFO Contact Title: ACCOUNTANT  
No. and Street: 109 AIRPORT ROAD  
SUITE 7  
City or Town: WARWICK State: RI Zip: 02889 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

RAYMOND M ANDOLFO 109 AIRPORT ROAD SUITE 7 WARWICK , RI 02889

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 7 Day of January, 2021 at 9:01:44 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By RAYMOND ANDOLFO  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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