



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.

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1. Entity ID Number 001670420	2. Exact name of the Limited Liability Company MICHELE BAUER CNM LLC		
3. NAICS Code 621399	4. Brief description of the character of business conducted in Rhode Island PROVIDE IN CLINIC MIDWIFERY HEALTH CARE SERVICES FOR WELL WOMEN BOTH OB/GYN SERVICES AS A CONSULTANT		
5. State of Formation RI			
6. Principal Office Address 2 COOKE ST		City PROVIDENCE	State RI
Zip 02906			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name MICHELE BAUER		Contact Title PRESIDENT	
Street Address 2 COOKE ST		City PROVIDENCE	State RI
Zip 02906			
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.			
<i>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.</i>			
Name of Authorized Person MICHELE BAUER			Date 3/10/21
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

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