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: 2021

1. ID No. 000148410

2. Exact Name of the Limited Liability Company COASTAL CARE REALTY, 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.

531390

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

REAL ESTATE HOLDING COMPANY

5. Principal Office Address

No. and Street: 10 DAVOL SQUARE, SUITE 300
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

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

Contact Name: Contact Title:
No. and Street: 10 DAVOL SQUARE
SUITE 300
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	MERYL MOSS MPA	10 DAVOL SQUARE, STE 400 PROVIDENCE, RI 02903 USA

MANAGER	JOSEPH TERLATO MD	10 DAVOL SQUARE, STE 400 PROVIDENCE, RI 02903 USA
MANAGER	LARRY SCHOENFELD M.D.	10 DAVOL SQUARE, STE 400 PROVIDENCE, RI 02903 USA
MANAGER	ROBERT CICCHELLI M.D.	10 DAVOL SQUARE, STE 400 PROVIDECE, RI 02903 USA
MANAGER	G. ALAN KUROSE	10 DAVOL SQUARE PROVIDENCE, RI 02903 USA

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

DON E. WINEBERG CHACE RUTTENBERG & FREEDMAN, LLP ONE PARK ROW, SUITE 300 PROVIDENCE , RI 02903

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

Signed this 1 Day of September, 2021 at 9:52:39 AM 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 MERYL MOSS
Signature of Authorized Person

Form No. 632
Revised 09/07