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

Street Address

C ty

Zip

Annual Report for the year: 2021**Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

1. Entity ID Number

5 State of Formation

6. Principal Office Address

207 Quaker Lane, 2nd Floor

Contact Name Joseph C. Cambio MD

Manager Name Joseph C. Cambio MD

Street Address 207 Quaker Lane, 2nd Floor

Street Address 207 Quaker Lane, 2nd Floor

000163427

621111

3 NAICS Code

Rhode Island

→ Penalty: Additional \$25 00 fee if form is not filed by December 1.

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

8 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLIC

State

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ee if form is	not filed by Dece	ember 1.	<u> </u>	0	
	ne of the Limited L ecialists of New Ei				
4. Brief desc	ription of the char	acter of business conducted in	Rhode Island		
Medical Pra	ctice				
		City	State	Zip	
		West Warwick	RI	02893	
ility Compan	y and Name or Tit	lle of Contact Person	•		
4D		Contact Title			
nd Floor		Oity West Warwick	State RI	Zip 02893	-
d addresses)	of the Limited Lia	bility Company, IF APPLICABL	.E - DO NOT LIST I	MEMBERS	
MI) Manager Name					
nd Floor		Street Address			
State RI	Zip 02893	City	State	Zıp	
		Manager Name	•		
	<u> </u>	Claus Address			

Zip

Check the box to indicate an attachment[

9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642 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.

Name of Authorized Person

Joseph C. Cambio

City West Warwick

Manager Name

Street Address

City

Signature of Authorized Person

10/13/21

State

MAIL TO:

Division of Business Services

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

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