



**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. 000539865

2. Exact Name of the Limited Liability Company AFFINITY PHYSICIANS, 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.

621999

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

PHYSICIAN MEDICAL GROUP

5. Principal Office Address

No. and Street: 45 WILLARD AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02905

Country: USA

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

Contact Name: Contact Title:

No. and Street: 45 WILLARD AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02905

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	LAURA OFSTEAD	10 BLAISDELL AVE PAWTUCKET, RI 02860 USA
MANAGER	LAURA FORMAN	332 NORTH QUIDNESSETT ROAD

		NORTH KINGSTOWN, RI 02852 USA
MANAGER	RODOLFO GALINATTI	16 RAYMOND DRIVE ATTLEBORO, MA 02703 USA
MANAGER	DEBRA ROBERTS	24 SHORT ROAD BARRINGTON, RI 02806 USA
MANAGER	TANYA BOOKER	181 SESSIONS STREET PROVIDENCE, RI 02906 USA
MANAGER	BRYAN LIESE	125 CRYSTAL VIEW DRIVE PASCOAG, RI 02895 USA
MANAGER	METHODIUS TUULI	190 LYNN CIRCLE EAST GREENWICH, RI 02818 USA
MANAGER	KATHERINE MCCLEARY	97 LORING AVENUE PROVIDENCE, RI 02906 USA
MANAGER	LISA UEBELACKER	17 DEBORAH SAMPSON STREET SHARON, MA 02067 USA
MANAGER	LINDA NANNI	247 CORNELL ROAD WESTPORT, MA 02790 USA
MANAGER	KEVIN BAILL	24 ELTON STREET PROVIDENCE, RI 02906 USA
MANAGER	JEFFREY BORKAN MD	455 TOLL GATE ROAD WARWICK, RI 02886 USA
MANAGER	JAMES SULLIVAN MD	345 BLACKSTONE BLVD PROVIDENCE, RI 02906 USA
MANAGER	RONALD CRANDALL	300 RICHMOND STREET PROVIDENCE, RI 02903 USA
MANAGER	CHRISTIE L. DIBBLE	11 JODIE BETH DRIVE EAST GREENWICH, RI 02818 USA
MANAGER	PAUL DISILVESTRO	62 HOPKINS HILL ROAD EXETER, RI 02822 USA
MANAGER	ANA TUYA FULTON	7 COLD SPRING ROAD BARRINGTON, RI 02806 USA
MANAGER	ROBERT SHALVOY	19 GOLD STAR DRIVE CUMBERLAND, RI 02864 USA
MANAGER	JAMES FANALE	16 PENNSYLVANIA AVENUE FALMOUTH, MA 02540 USA
MANAGER	JINEN THAKKAR MD	455 TOLL GATE ROAD WARWICK, RI 02886 USA

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

LISA MUNKELWITZ 455 TOLL GATE ROAD RISK MANAGEMENT DEPT. WARWICK , RI 02886

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

Signed this 27 Day of October, 2021 at 3:14:05 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 BRIAN LIESE
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2021 State of Rhode Island
All Rights Reserved