RI SOS Filing Number: 202104959310 Date: 11/8/2021 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: $\frac{2021}{}$

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.

1. Entity ID Number	2. Exact nam	2. Exact name of the Limited Liability Company					
149524	Thomas R. Leddy, M.D., LLC						
3. NAICS Code 621111	Brief description of the character of business conducted in Rhode Island Medical practice.						
5. State of Formation]						
Rhode Island							
5. Principal Office Address Cit			City	State	Zip		
390 Tollgate Road, Suite 107			Warwick	RI	02886		
7. Mailing Address of Limited Lia	<u> </u>	and Name or Title			· · · · · · · · · · · · · · · · · · ·		
Contact Name Thomas R. Leddy, M.D.			Contact Title Member				
Street Address 390 Tollgate Road, Suite 107		City Warwick	State RI	Zip 02886			
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		
	<u> </u>	<u> </u>	. 	Check the box to I	ndicate an attachment		
9. The Resident Agent information	on currently of r	ecord with the RI	Department of State is ac	curate. Changes require	e filing Form 642.		
Under penalty of perjury, I dec statements, and that all staten	lare and affirn ents containe	n that I have exam nd herein are true	nined this report, include and correct.	ing any accompanyin	g schedules and		
Name of Authorized Person			Date	Date			
Thomas R. Leddy, M.D.			11/2/21				
Signature of Authorized Person	7						
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 打发起外

10096 FORM 632 - Revised: 08/2020