



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

**STAMP**

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 SECRETARY OF STATE  
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BY 6340

Annual Report for the year: 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 1676823		2. Exact name of the Limited Liability Company Robotic Joint Replacement Institute, LLC			
3. NAICS Code 621111		4. Brief description of the character of business conducted in Rhode Island To practice medicine and provide robotic joint replacement services.			
5. State of Formation Rhode Island					
6. Principal Office Address 10 Middle Road		City Wakefield	State RI	Zip 02879	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Robert Marchand, M.D.			Contact Title Member		
Street Address 10 Middle Road		City Wakefield	State RI	Zip 02879	
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.					
<b>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.</b>					
Name of Authorized Person Robert Marchand, M.D.				Date 10/30/21	
Signature of Authorized Person 					

**MAIL TO:**  
 Division of Business Services  
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