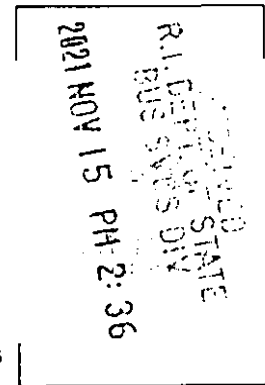




State of Rhode Island

Department of State - Business Services Division



Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

The undersigned, desiring to form, a new limited liability partnership under and by virtue of the powers conferred by RIGL 7-12-56, do execute the following Registration of Limited Liability Partnership:

1. The name of the limited liability partnership is:		
KOCH EYE ASSOCIATES, LLP		
2. The address of the principal office is:		
Street Address		
566 TOLLGATE ROAD		
City/Town	State	Zip Code
WARWICK	RI	02886
3. If the partnership's principal office is not located in Rhode Island, the name and address of the initial registered agent/ office in Rhode Island is:		
Agent Name		
Street Address (NOT a P.O. Box)		
City/Town	State	Zip Code
	RHODE ISLAND	
4. The name and address of all resident partners is:		
NAME	ADDRESS	
Check this box to indicate an attachment ☐		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.scs.ri.gov

FILED

NOV 15 2021

BY

14050

A.A. 2:36pm

FORM 500 - Revised: 08/2021

5. List the place where the business records of the partnership are maintained; or, if more than one location for business records is maintained, list the principal place of business of the partnership:

Street Address

566 TOLLGATE ROAD

City/Town

WARWICK

State

RI

Zip Code

02886

6. A brief statement of the business in which the partnership is engaged in:

THE PROVISION OF EYE CARE INCLUDING OPHTHAMOLOGY AND OPTICAL SERVICES

7. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Partner

CORRY WESTERFELD, M.D.

Date

11-11-2021

Signature of Resident Partner



Type or Print Name of Partner

Date

Signature of Resident Partner

Type or Print Name of Partner

Date

Signature of Resident Partner