



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Limited Liability Company

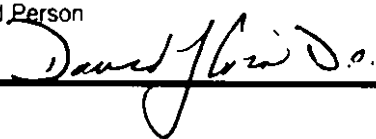
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV

2023 FEB 17 P 2:31

1. Entity ID Number 001705427		2. Exact name of the Limited Liability Company Coia Comprehensive Primary Care, LLC	
3. NAICS Code 621111		4. Brief description of the character of business conducted in Rhode Island Patient primary care medical services.	
5. State of Formation Rhode Island			
6. Principal Office Address 712 Oaklawn Avenue, Suite 201		City Cranston	State RI
		Zip 02920	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name David J Coia		Contact Title President	
Street Address 712 Oaklawn Avenue, Suite 201		City Cranston	State RI
		Zip 02920	
8. 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 David J. Coia		Date 2-15-2023	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

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