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.

FILED
APR 25 2023
BY

1. Entity ID Number: 594770	2. Exact name of the Limited Liability Company: 809 Nooseneck Associates, LLC		
3. NAICS Code: 531110	4. Brief description of the character of business conducted in Rhode Island: Land holding company and all other lawful purposes		
5. State of Formation: Rhode Island			
6. Principal Office Address: P.O. Box 245	City: Exeter	State: RI	Zip: 02822
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: Gregory F. Jarvis	Contact Title:		
Street Address: P.O. Box 245	City: Exeter	State: RI	Zip: 02822
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: Gregory F. Jarvis, Member		Date: 4/5/23	
Signature of Authorized Person			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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1. Entity ID Number: 584965	2. Exact name of the Limited Liability Company: The Nutz On Nooseneck, LLC		
3. NAICS Code: 722410	4. Brief description of the character of business conducted in Rhode Island: To operate a bar and restaurant and all other lawful purposes		
5. State of Formation: Rhode Island			
6. Principal Office Address: P.O. Box 245	City: Exeter	State: RI	Zip: 02822
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: Gregory F. Jarvis	Contact Title:		
Street Address: P.O. Box 245	City: Exeter	State: RI	Zip: 02822
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
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Name of Authorized Person: Gregory F. Jarvis, Member		Date: 4/5/23	
Signature of Authorized Person: Gregory F. Jarvis Member			

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1. Entity ID Number	2. Exact name of the Limited Liability Company
001742696	COASTLINE ANESTHESIA, LLC
3. NAICS Code: 621111	4. Brief description of the character of business conducted in Rhode Island: ANESTHESIOLOGIST
5 State of Formation: RI	

6. Principal Office Address	City	State	Zip
55 LAMBERT LIND HIGHWAY, SUITE 100	WARWICK	RI	02886-1074

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

Contact Name	Contact Title		
DEBORAH CAHILL, MD	MEMBER		
Street Address	**City**	**State**	**Zip**
55 LAMBERT LIND HIGHWAY, SUITE 100	WARWICK	RI	02886-1074

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	Date
DEBORAH CAHILL, MD	3/8/23

Signature of Authorized Person

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