		ate of Rhode of the Secreta		Fee: \$50.00
	Divis	sion Of Business	s Services	
		148 W. River St	treet	
	Pro	vidence RI 0290	04-2615	
1636		(401) 222-304	40	
Limited Liability	Company			
Annual Report Filing Period: Febru	uary 1 - May 1			
	R.I.G.L. 7-16-66(d), eac nnual report within thirty			
	56(b&c)) is subject to a p			
ANNUAL REPORT	YEAR - ENTER THE CU	RRENT YEAR <b>2</b> (	<b>024</b> : <u>2024</u>	
1. ID No. <u>0017</u>	<u> 38690</u>			
2. Exact Name of the Limited Liability Company Oncall Locum, LLC				
3. State of Forma	tion			
State: <u>RI</u>				
		NAICS CODE		
-	NAICS Code that best de of codes <u>here.</u> More info		•	
<u>621112</u>				
4. Brief Descriptic Island	on of the Character of th	ne Business Whi	ch is Actually Co	onducted in Rhode
MEDICAL CON	SULT FOR TRAVEL A	ASSISTANT CC	MPANY AND I	LOCAL HOSPITALS
5. Principal Office	e Address			
No. and Street:	<u>6 HOWE AVE.</u>			
City or Town:	<u>APT. 6</u> <u>NEWPORT</u>	State: <u>RI</u>	Zip: <u>02840</u>	Country: <u>USA</u>
6. Mailing Addres	s of Limited Liability Co	mpany and Nam	ne or Title of Con	tact Person:
Contact Name: LYDIA ZHANG, MD Contact Title: No. and Street: <u>6 HOWE AVE.</u> APT. 6				
	· · · · · · ·			Country: <u>USA</u>

## 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

LYDIA ZHANG 6 HOWE AVENUE, #6 NEWPORT , RI 02840

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 18 Day of March, 2024 at 10:41:22 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>LYDIA ZHANG</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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