

RI SOS Filing Number: 202452112890 Date: 4/22/2024 4:00:00 PM



State of Rhode Island
Department of State - Business Services Division

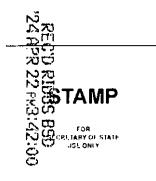
Annual Report for the year: Limited Liability Company

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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



4 Factor ID No. asked	0 Fire a reason at the 1 miles	el Lichi Carron anno		
1 Entity ID Number	2. Exact name of the Limited Liability Company			
134153	BROADWAY MEDICAL TREATMENT CENTER, LLC			
3 NAICS Code	Brief description of the character of business conducted in Rhode Island Medical treatment center			
621111				
5. State of Formation	7			
RI				
6. Principal Office Address		City	State	Zıp
1053 South Broadway		East Providence	RI	02914
7 Mailing Address of Limited I	iability Company and Name or	Title of Contact Person	····	· · · · · · · · · · · · · · · · · · ·
Contact Name Stephen J. DiGianfilippo		Contact Title Attorney		
Street Address 50 Park Row West, Suite 107		City Providence	State RI	^{Zip} 02903
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
	l declare and affirm that I have ements contained herein are	e examined this report, including true and correct.	g any accompany	ring schedules and
Name of Authorized Person			Date	
Peter G. Brassard, MD, Manager			3/1/24	
Signature of Authorized Perso	1/1/2/		•	

FILED

APR 22 2024

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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