




State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2024
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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1. Entity ID Number 1740678		2. Exact name of the Limited Liability Company James F. Griffin, DO, LLC	
3. NAICS Code 621111		4. Brief description of the character of business conducted in Rhode Island Anesthesiology	
5. State of Formation Rhode Island			
6. Principal Office Address 169 Post Road		City Wakefield	State RI
		Zip 02879	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name James F. Griffin, DO		Contact Title	
Street Address 169 Post Road		City Wakefield	State RI
		Zip 02879	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642			
9. 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 James F. Griffin			Date 4/19/24
Signature of Authorized Person 			

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov