

**State of Rhode Island
Office of the Secretary of State****Fee: \$50.00**Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040**Limited Liability Partnership
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-12.1-913(e), each partnership failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-12.1-913(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025**1. ID No.** 001725847**2. Exact Name of the Partnership** Soundview Orthopaedics Assoc. LLP**3. State of Formation**State: RI**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621111**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**ORTHOPEDIC SURGEONS/MEDICAL**5. Principal Office Address**No. and Street: 489 GOLD STAR HIGHWAY
SUITE 110City or Town: GROTON State: CT Zip: 06340 Country: USA**6. The name and business address of one or more partner(s):**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
NONE GIVEN - P	CHRISTOPHER M HUTCHINS	98 WAMPHASSUC ROAD STONINGTON, CT 06378 USA

7. This report must be executed by an Authorized Representative pursuant to R.I.G.L. 7-12.1-108.

Signed this 4 Day of February, 2025 at 10:45:57 AM 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 partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-12.1*

By PAUL FILIPPETTI

Signature of Authorized Person

Form No. 643
Revised 10/23

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