



State of Rhode Island

## Department of State - Business Services Division

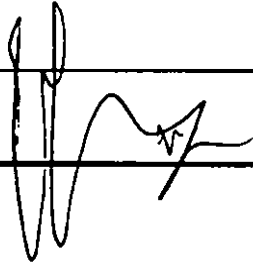
**Annual Report for the year:** 2025  
**Limited Liability Company**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

**STAMP**  
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R.I. DEPT. OF STATE  
BUS SVCS DIV.  
2025 MAY -9 A 10:48

1. Entity ID Number 000112519		2. Exact name of the Limited Liability Company PRIMARY CARE ASSOCIATES OF JOHNSTON, LLC	
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE DEVELOPMENT	
5. State of Formation RI			
6. Principal Office Address 1539 ATWOOD AVENUE, SUITE 10		City JOHNSTON	State RI
		Zip 02919	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name FRED F. FERRE, MD		Contact Title MANAGER	
Street Address 20 ALPINE ESTATES DRIVE		City CRANSTON	State RI
		Zip 02921	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<i>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.</i>			
Name of Authorized Person FRED F. FERRE, MD		Date 4/25/25	
Signature of Authorized Person			

**FILED**  
**MAY 09 2025**  
BY ce 2885

**MAIL TO:**

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)