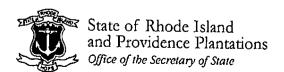
RI SOS Filing Number: 202101969880 Date: 9/21/2021 4:00:00 PM



A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2021

Filing Period: September 1 - November 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law

(R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25,00

	2. Exact name of t	2. Exact name of the limited liability company					
121961		LOGY PROPERTI		_	<u> </u>		
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island operation of a medical office			10)		
5. Principal office ad 35 Wells Stree	t		City Westerly	State RI	<i>Zip</i> 02891		
Franklin Leddy		LIABILITY COMPAN	Y AND NAME OR TITLE OF CONT Connact Title Co-owners	ACT PERSON:	,		
Street Address 35 Wells Street	l .		City Westerly	State RI	<i>Zip</i> 02891		
7. NAME AND AI	DDRESS OF EACH I	MANAGER OF THE LI L IN SPACES BEFOR	MITED LIABILITY COMPANY, IF A E USING ATTACHMENTS ("X" BO	. I APPLICABLE - <u>DO NOT</u> IX FOR ATTACHMENT) □	LIST MEMBERS		
Manager Name			Manager Name	:			
			:				
Street Address	<u>, </u>		Street Address				
Street Address City	State	Zip	Street Address City	State	Zip		
	State	Zip .		State	Ζψ		
City	State	Zip	City	State	Zip		
City Manager Name	State State	Zip Zip	City Manager Name	State State	Zip Zip		
City Manager Name Street Address City		Zip	City Manager Name Street Address				

FILED

SEP 2 1 2021

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

File Date _				
Check No				
Ву:				
FOR SECRETARY OF STATE USE ONLY				

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.

Signature of Authorized Person

Date *

FRANKLIN F. LEDDY, M.D., F.A.C.S. 35 WELLS-STREET

Print or Type Name of Almorized 1 erson