



State of Rhode Island
Department of State - Business Services Division

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 R.I. DEPARTMENT OF
 BUSINESS SERVICES DIV
 2021 NOV 15 PM 2:36

Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

The undersigned, desiring to form, a new limited liability partnership under and by virtue of the powers conferred by RIGL 7-12-56, do execute the following Registration of Limited Liability Partnership:

| | | |
|---|---------------------|----------|
| 1. The name of the limited liability partnership is: | | |
| KOCH EYE ASSOCIATES, LLP | | |
| 2. The address of the principal office is: | | |
| Street Address | | |
| 566 TOLLGATE ROAD | | |
| City/Town | State | Zip Code |
| WARWICK | RI | 02886 |
| 3. If the partnership's principal office is not located in Rhode Island, the name and address of the initial registered agent/ office in Rhode Island is: | | |
| Agent Name | | |
| Street Address (NOT a P.O. Box) | | |
| City/Town | State | Zip Code |
| | RHODE ISLAND | |
| 4. The name and address of all resident partners is: | | |
| NAME | ADDRESS | |
| | | |
| | | |
| | | |
| | | |
| Check this box to indicate an attachment <input type="checkbox"/> | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.scs.ri.gov

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BY 14050

A.A. 2:36 p.m.

5. List the place where the business records of the partnership are maintained; or, if more than one location for business records is maintained, list the principal place of business of the partnership:

Street Address

566 TOLLGATE ROAD

City/Town

WARWICK

State

RI

Zip Code

02886

6. A brief statement of the business in which the partnership is engaged in:

THE PROVISION OF EYE CARE INCLUDING OPHTHAMOLOGY AND OPTICAL SERVICES

7. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Partner

CORRY WESTERFELD, M.D.

Date

11-11-2021

Signature of Resident Partner



Type or Print Name of Partner

Date

Signature of Resident Partner

Type or Print Name of Partner

Date

Signature of Resident Partner



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

November 15, 2021 02:36 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

