



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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.

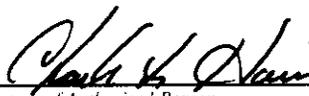
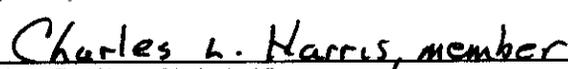
1. ID No 89583		2. Exact name of the limited liability company HARRIS HEALTH CENTER, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HEALTH FACILITY			
5. Principal office address 833 BROADWAY		City EAST PROVIDENCE	State RI	Zip 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name GERARD R. GOULET			Contact Title		
Street Address 50 Kennedy Plaza, Ste. 1500		City PROVIDENCE	State RI	Zip 02903	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name NONE			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name GERARD R. GOULET			Address 50 Kennedy Plaza, Ste. 1500		
Address HINCKLEY, ALLEN & SNYDER LLP		City PROVIDENCE	Zip 02903		

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

89583

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 08/14/07

 Print or Type Name of Authorized Person

FILED	
File Date	<u>AUG 21 2007</u>
Check No.	<u>034723</u>
By:	<u>1:35</u>
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