



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. 97665		2. Exact name of the limited liability company WESTERLY G.I. REALTY, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the business which is actually conducted in Rhode Island RENTAL PROPERTY	
5. Principal office address 45 WELLS STREET, SUITE 103		City WESTERLY	State RI
		Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name BRADFORD C. LAVIGNE, MD, PRES.		Contact Title	
Street Address 45 WELLS STREET, SUITE 103		City WESTERLY	State RI
		Zip 02891	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name NONE		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name BRADFORD C. LAVIGNE, MD		Address	
Address 45 WELLS STREET, SUITE 103		City WESTERLY	Zip 02891

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

97665

FILED	
File Date	SEP 14 2007
Check No.	By 036892
By	151
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  
BRADFORD C. LAVIGNE, MD, PRES

Date  
9.13.07  
Print or Type Name of Authorized Person

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