



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. 92895 | | 2. Exact name of the limited liability company The Rhode Island Eye Institute, LLC | | | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of the business which is actually conducted in Rhode Island manage business of medical practice | | | |
| 5. Principal office address 150 East Manning Street | | City Providence | State RI | Zip 02906 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Robert L. Bahr, MD | | | Contact Title Manager | | |
| Street Address 150 East Manning Street | | City Providence | State RI | Zip 02906 | |
| 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 Robert L. Bahr, MD | | | Manager Name None | | |
| Street Address 150 East Manning Street | | Street Address | | | |
| City Providence | State RI | Zip 02906 | City | State | Zip |
| Manager Name None | | | Manager Name None | | |
| 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 Sarah T. Dowling, Esq. | | | Address | | |
| Address One Citizens Plaza, 8th Floor | | City Providence | Zip 02903 | | |

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

92895

FILED

File Date OCT 01 2007

Check No. 10975

By: [Signature]

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] 9/26/07
Signature of Authorized Person Date

Robert L. Bahr, MD

Print or Type Name of Authorized Person