



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
401.222.3010

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. 130658		2. Exact name of the limited liability company Mineral Spring Primary Care Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROVIDING PRIMARY MEDICAL CARE SERVICES TO PATIENTS.			
5. Principal office address 1637 Mineral Spring Avenue		City North Providence	State RI	Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Stephen J. D'Amato, M.D.			Contact Title Manager		
Street Address 1637 Mineral Spring Avenue		City North Providence	State RI	Zip 02904	
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) ☐					
Manager Name Stephen J. D'Amato, M.D.			Manager Name		
Street Address 1637 Mineral Spring Avenue			Street Address		
City North Providence	State RI	Zip 02904	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 Henry R. Kates, Esq.			Address 72 Pine Street		
Address			City Providence	Zip 02903	

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

FILED

File Date **OCT 11 2007**
Check No. **1870**
By: _____

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

Stephen J. D'Amato, M.D.

Print or Type Name of Authorized Person