



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

1. ID No. 149550		2. Exact name of the limited liability company Kenneth Stern, M.D., LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island	
5. Principal office address		City	State Zip
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY, AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Linn F. Freedman, Esq.		Contact Title	
Street Address c/o Nixon Peabody LLP, One Citizens Plaza, #500.		City Providence	State RI Zip 02903
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE IN SPACE PROVIDED FOR ATTACHMENTS - (XX) BOX FOR ATTACHMENTS ☐ ANY MODIFICATIONS TO MANAGER REQUIRED BY PART OF AGREEMENT R.I.G.L. 7-16-12 (a) (2) 7-16-12			
Manager Name		• Manager Name	
Street Address		• Street Address	
City	State	Zip	City
Manager Name	• Manager Name		
Street Address		• Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642, R.I.G.L. 7-16-11			
Agent Name LINN F. FREEDMAN, ESQ.		Address ONE CITIZENS PLAZA, SUITE 500	
Address NIXON PEABODY LLP		City PROVIDENCE	Zip 02903-

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



FILED

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By AMF

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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.

Kenneth Stern, M.D.
Signature of Authorized Person

Kenneth Stern, M.D.
Print or Type Name of Authorized Person

149550 DLLC 05/17/07 03:25:08 PM

File Date

Check No.

By:

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