



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. 73021		2. Exact name of the limited liability company Clinical I.V. Network, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Provider of IV Nursing Services in the Home	
5. Principal office address 15 Hazel Street		City Pawtucket	State RI
		Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Clinical I.V. Network, LLC		Contact Title	
Street Address 15 Hazel Street		City Pawtucket	State RI
		Zip 02860	
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 Migliori MD		Manager Name Edward Maraccio Jr MD	
Street Address 15 Hazel Street		Street Address 15 Hazel Street	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 Michael R. Goldenberg, Esq.		Address	
Address 123 Dyer Street		City Providence	Zip 02903

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

73021

File Date	FILED
Check No.	OCT 23 2007
By	By 2/22/1
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 Migliori MD
Print or Type Name of Authorized Person