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.	2. Exact name of the limited liability company
115758	HPSC Gloucester Funding 2003-1 LLC II

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	SPECIAL PURPOSE ENTITY

5. Principal office address	City	State	Zip
ONE BEACON ST, 2ND FLOOR	BOSTON	MA	02108

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
CONNIE KALLIOMAA	PARALEGAL

Street Address	City	State	Zip
GE HEALTHCARE FINANCIAL SERVICES 2325 LAKEVIEW PKWY SUITE 700	ALPHARETTA	GA	30004

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	Street Address	City	State	Zip
JOSEPH E. ROUSSEAU	ONE BEACON ST, 2ND FLOOR	BOSTON	MA	02108
CATHERINE M. ESTRAMPES	ONE BEACON ST, 2ND FLOOR	BOSTON	MA	02108
KENNETH J. UVA	111 EIGHTH AVE, 13TH FLOOR	NEW YORK	NY	10011
VICTOR A. DUVA	1209 ORANGE ST. STE 3520	WILMINGTON	DE	19801

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
CT CORPORATION SYSTEM	10 WEYBOSSET STREET	PROVIDENCE	02903-

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

[redacted] [redacted]

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. 8OCT '07

Signature of Authorized Person *Date*

[redacted] JOSEPH E. ROUSSEAU
Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 23 2007 0017484267
By:	By MK

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07