RI SOS Filing Number: 200702880850 Date: 10/23/2007 4:00 PM

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 | | |
|---|---|---|---|
| 125544 | Southern Rhode Island Professional Center, LLC | | |
| 3. State of Formation | 4. Brief description of the character of the business which is actually conducted in Rhode Island | | |
| Rhode Island | to acquire, own, lease, sell and otherwise deal in and with real estate | | |
| 5. Principal office address | City | State | Zip |
| 46 Holley Street | Wakefield | RI | 02879 |

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

| Contact Name | Contact Title | | |
|---|---|---|---|
| Jaime E. Chamorro | | | |
| Street Address | City | State | Zip |
| 46 Holley Street | Wakefield | RI | 02879 |

**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 | | | Manager Name | | |
|---|---|---|---|---|---|
| Street Address | | | Street Address | | |
| City | State | Zip | 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 | Address | |
|---|---|---|
| KAREN G. DELPONTE, ESQ. | | |
| Address | City | Zip |
| 56 EXCHANGE TERRACE | PROVIDENCE | 02903 |

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

[redacted] 125544 [redacted]

| | |
|---|---|
| File Date | FILED |
| Check No. | OCT 23 2007 |
| By: | By 1211 |

FOR SECRETARY OF STATE USE ONLY

16160-19-197670

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.

Jaime E Chamorro MD. 10/4/2007
*Signature of Authorized Person* *Date*

JAIME E. CHAMORRO
*Print or Type Name of Authorized Person*

[redacted]

Form 632 Rev. 07/07