



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. 121639		2. Exact name of the limited liability company MEDICAL MANAGEMENT SERVICES GROUP, L.L.C.			
3. State of Formation MASSACHUSETTS		4. Brief description of the character of the business which is actually conducted in Rhode Island MANAGEMENT AND ADMINISTRATIVE SERVICES			
5. Principal office address 733 TURNPIKE ST # 201		City N. ANDOVER	State MA	Zip 01845	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name HATTIE CARLISLE			Contact Title LLC MEMBER		
Street Address 1 WINDSOR ST		City ANDOVER	State MA	Zip 01810	
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) <input type="checkbox"/>					
Manager Name RONALD HERSKOWITZ			Manager Name		
Street Address 1 WINDSOR ST			Street Address		
City ANDOVER	State MA	Zip 01810	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 PETER KOCH			Address		
Address 45 VERDANT LANE			City WARWICK	Zip 02886	

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

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.

Hattie Carlisle 10/4/07
Signature of Authorized Person Date
HATTIE CARLISLE, LLC MEMBER
Print or Type Name of Authorized Person

File Date	FILED
Check No.	NOV 01 2007
By:	By 9289
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