



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. 120931		2. Exact name of the limited liability company SC&M Property Group, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island To acquire, own, finance, mortgage, lease and otherwise deal in real estate and personal property			
5. Principal office address 528 Newton Street		City Fall River	State MA	Zip 02721-2366	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Robert S. Crausman, MD			Contact Title		
Street Address 528 Newton Street		City Fall River	State MA	Zip 02721-2366	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Scott Wilson, MD.			Manager Name Christopher Superczynski, MD.		
Street Address 528 Newton Street		Street Address 528 Newton Street			
City Fall River	State MA	Zip 02721-2366	City Fall River	State MA	Zip 02721-2366
Manager Name Muhand El-Twal, MD.			Manager Name Robert S. Crausman, MD.		
Street Address 528 Newton Street		Street Address 528 Newton Street			
City Fall River	State MA	Zip 02721-2366	City Fall River	State MA	Zip 02721-2366
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Jeffrey B. Cianciolo, Esq.			Address		
Address 55 Dorrance Street, Suite 200		City Providence	Zip 02903		

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

120931

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
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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.

*Robert S. Crausman* 10.5.07  
 Signature of Authorized Person Date

Robert S. Crausman, MD

Print or Type Name of Authorized Person

<b>FILED</b>	
File Date	NOV 01 2007
Check No.	
By:	By 3826
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