



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. 106680		2. Exact name of the limited liability company Integrative Center for Health, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OBTAINING, OWNING AND MANAGING REAL PROPERTY	
5. Principal office address 285 Promenade Street		City Providence	State RI
		Zip 02908	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Michael E. Wiggins M.D.		Contact Title Member	
Street Address 285 Promenade Street		City Providence	State RI
		Zip 02908	
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 EDWARD D. FELDSTEIN		Address 10 Weybosset Street, 8th Floor	
Address 10 WEYBOSSET STREET, 8TH FLOOR		City PROVIDENCE	Zip 02903

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

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STATE OF RHODE ISLAND
CORPORATIONS DIVISION

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 **11/1/07**

Michael E. Wiggins, M.D.
Print or Type Name of Authorized Person

File Date	FILED
Check No.	NOV 19 2007
By:	By 5169 mnc
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