



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Molits, 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. 148061		2. Exact name of the limited liability company Aquadneck ENT Holdings, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Holding Company	
5. Principal office address 850 Aquidneck Avenue		City Middletown	State RI
		Zip 02842	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name James M. Dobbin, M.D.		Contact Title	
Street Address 850 Aquidneck Avenue		City Middletown	State RI
		Zip 02842	
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 James M. Dobbin, M.D.		Manager Name	
Street Address 850 Aquidneck Avenue		Street Address	
City Middletown	State RI	City	State
	Zip 02842		Zip
Manager Name Steven F. Freedman, M.D.		Manager Name	
Street Address 850 Aquidneck Avenue		Street Address	
City Middletown	State RI	City	State
	Zip 02842		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 Linn F. Freedman, Esq.		Address One Citizens Plaza, Suite 500	
Address Nixon Peabody LLP		City Providence	Zip 02903

This report must be executed by a **FILED** authorized person pursuant to R.I.G.L. 7-16-66 (b).  
**DEC 15 2007**  
By *[Signature]*

148061

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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]* 12/10/07  
Signature of Authorized Person Date  
Steven F. Freedman, M.D.  
Print or Type Name of Authorized Person