



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 Aquidneck 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 - DO NOT LIST MEMBERS 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 | Zip 02842 | City | State | Zip |
| Manager Name Steven F. Freedman, M.D. | | | Manager Name | | |
| Street Address 850 Aquidneck Avenue | | | Street Address | | |
| City Middletown | State RI | Zip 02842 | 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 Linn F. Freedman, Esq. | | | Address One Citizens Plaza, Suite 500 | | |
| Address Nixon Peabody LLP | | | City Providence | Zip 02903 | |

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

148061

FILED
DEC 15 2007
By *[Signature]*

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

| |
|---------------------------------|
| File Date _____ |
| Check No. _____ |
| By: _____ |
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