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.	2. Exact name of the limited liability company
135632	Neurosurgical Care LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	NEUROSURGICAL PRACTICE

5. Principal office address	City	State	Zip
235 Plain Street, Suite 102	Cranston	RI	02905

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
J. Frederick Harrington, MD.	

Street Address	City	State	Zip
24 Keene Street	Providence	RI	02906

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	Street Address	City	State	Zip
Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	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	Address	City	Zip
J. FREDERICK HARRINGTON	24 KEENE STREET	PROVIDENCE	02906-

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

[redacted] [redacted]

File Date 12-18-07 12/18/07
Check No. 1104 1104
By: mnc mnc
FOR SECRETARY OF STATE USE ONLY

[redacted]

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* 10/30/07

J. Frederick Harrington, MD.
Print or Type Name of Authorized Person

Form 632 Rev. 07/07

16902-7-203921