



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 2008

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. Filing No. 150232		2. Exact name of the limited liability company Axiom Occupational Health, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island To practice occupational medicine and to do any and all acts or things necessary to accomplish same.			
5. Principal office address 100 SMITHFIELD AVENUE		City PAWTUCKET	State RI	Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name STEVEN G. McCLOY, M.D.		Contact Title MEMBER			
Street Address 100 SMITHFIELD AVENUE		City PAWTUCKET	State RI	Zip 02860	
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 BRUCE A. WOLPERT, ESQ.		Address 10 DORRANCE STREET, SUITE 530			
Address WOLPERT & ASSOCIATES, INC.		City PROVIDENCE	Zip 02903		

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

150232

FILED

File Date: SEP 11 2008
Check No.: By 485

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 of Authorized Person: *Steven G. McCloy* Date: 9-08-08

STEVEN G. McCLOY, M.D.

Print or Type Name of Authorized Person