



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. ID No. 102118		2. Exact name of the limited liability company INDEPENDENCE, LLC PRODUCTS FOR INDEPENDENT LIVING			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island HEALTH CARE EQUIPMENT AND SUPPLIES			
5. Principal office address 1 RICHMOND SQUARE #122C		City PROVIDENCE	State RI	Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name RICHARD WESTLAKE			Contact Title MEMBER		
Street Address 1 RICHMOND SQUARE #122C		City PROVIDENCE	State RI	Zip 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) <input type="checkbox"/>					
Manager Name RICHARD WESTLAKE			Manager Name CHARLENE RUSSELL		
Street Address 509 NANAQUAKET ROAD			Street Address 119 HOLLAND AVENUE		
City TIVERTON	State RI	Zip 02878	City RIVERSIDE	State RI	Zip 02915
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 RICHARD WESTLAKE			Address		
Address 509 NANAQUAKET ROAD			City TIVERTON	Zip 02878	

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

102118

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.

Richard L. Westlake 9-17-08
Signature of Authorized Person Date

RICHARD L. WESTLAKE
Print or Type Name of Authorized Person

File Date	FILED
Check No.	SEP 26 2008
By:	4657
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