



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. 91953		2. Exact name of the limited liability company PARK AVENUE 761 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 761 PARK AVENUE		City CRANSTON	State RI
		Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON.			
Contact Name JOSEPH J. CAMPBELL		Contact Title	
Street Address 761 PARK AVENUE		City CRANSTON	State RI
		Zip 02910	
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 JOSEPH J. CAMPBELL, M.D.		Manager Name JEFFRY C. WINTERS, M.D.	
Street Address 761 PARK AVENUE		Street Address 761 PARK AVENUE	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02910		Zip 02910	
Manager Name KAREN H. STEVENSON, M.D.		Manager Name	
Street Address 761 PARK AVENUE		Street Address	
City CRANSTON	State RI	City	State
Zip 02910		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 GEORGE J. WEST, ESQ.		Address ONE TURKS HEAD PLACE, SUITE 312	
Address		City PROVIDENCE	Zip 02903

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

91953

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.

Joseph J. Campbell 9/9/08
Signature of Authorized Person Date
Joseph J. Campbell
Print or Type Name of Authorized Person

FILED	
File Date	OCT 03 2008
Check No.	3653
By	
FOR SECRETARY OF STATE USE ONLY	