



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2008

1. ID No. 000115758

2. Exact Name of the Limited Liability Company HPSC Gloucester Funding 2003-1 LLC II

3. State of Formation

State: DE

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

SPECIAL PURPOSE ENTITY

5. Principal Office Address

No. and Street: ONE BEACON STREET, 2ND FLOOR

City or Town: BOSTON

State: MA Zip: 02108 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: CONNIE KALLIOMAA Contact Title: PARALEGAL

No. and Street: GE HEALTHCARE FINANCIAL SERVICES

2325 LAKEVIEW PKWY, SUITE 700

City or Town: ALPHARETTA

State: GA Zip: 30009 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	CATHERINE M ESTRAMPES	ONE BEACON STREET, 2ND FLOOR BOSTON, MA 02108 USA
MANAGER	JOSEPH E ROUSSEAU	ONE BEACON STREET, 2ND FLOOR BOSTON, MA 02108 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 10 WEYBOSSET STREET PROVIDENCE , RI 02903-

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

Signed this 30 Day of October, 2008 at 11:22:08 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JOSEPH E. ROUSSESAU, MANAGER
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2008 State of Rhode Island and Providence Plantations
All Rights Reserved