



**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:** 2009

**1. ID No.** 000100715

**2. Exact Name of the Limited Liability Company** Pediatric Associates Realty, LLC

**3. State of Formation**

State:

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

OWN REAL ESTATE

**5. Principal Office Address**

No. and Street: 450 VETERANS MEMORIAL PARKWAY, BUILDING 10

City or Town: EAST PROVIDENCE

State: RI Zip: 02914 Country: USA

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

Contact Name: Contact Title:

No. and Street: 450 VETERANS MEMORIAL PARKWAY, BUILDING 10

City or Town: EAST PROVIDENCE

State: RI Zip: 02914 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	ROBERT T. GRIFFITH, M.D.	450 VETERANS MEMORIAL PARKWAY, BUILDING 10 EAST PROVIDENCE, RI 02914 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

ROBERT T. GRIFFITH, M.D. 450 VETERANS MEMORIAL PARKWAY BUILDING 10 EAST PROVIDENCE , RI 02914

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

**Signed this 1 Day of April, 2009 at 8:17:13 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 ROBERT GRIFFITH JR MD  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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