



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\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

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)(v)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                                                                               |             |                                                                                                                                 |                   |              |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------|--------------|
| 1. ID No.<br>220328                                                                                                                                                                                           |             | 2. Exact name of the limited liability company<br>Hospital Internists of Westerly, LLC                                          |                   |              |              |
| 3. State of Formation<br>RI                                                                                                                                                                                   |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>private physician practice |                   |              |              |
| 5. Principal office address<br>25 Wells St.                                                                                                                                                                   |             | City<br>Westerly                                                                                                                | State<br>RI       | Zip<br>02891 |              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |             |                                                                                                                                 |                   |              |              |
| Contact Name<br>Tammy Bernacki                                                                                                                                                                                |             | Contact Title<br>office manager                                                                                                 |                   |              |              |
| Street Address<br>25 Wells St.                                                                                                                                                                                |             | City<br>Westerly                                                                                                                | State<br>RI       | Zip<br>02891 |              |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |             |                                                                                                                                 |                   |              |              |
| Manager Name<br>J. Kevin Shushtari                                                                                                                                                                            |             | Manager Name<br>Kenneth Donovan                                                                                                 |                   |              |              |
| Street Address<br>29 Mountain Spring Rd                                                                                                                                                                       |             | Street Address<br>27 Lee Dr                                                                                                     |                   |              |              |
| City<br>Farmington                                                                                                                                                                                            | State<br>CT | Zip<br>06032                                                                                                                    | City<br>Pawcatuck | State<br>CT  | Zip<br>06379 |
| Manager Name                                                                                                                                                                                                  |             | Manager Name                                                                                                                    |                   |              |              |
| Street Address                                                                                                                                                                                                |             | Street Address                                                                                                                  |                   |              |              |
| City                                                                                                                                                                                                          | State       | Zip                                                                                                                             | City              | State        | Zip          |

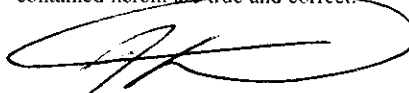
## 8. RESIDENT AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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

|                                 |        |
|---------------------------------|--------|
| File Date                       | 4-6-09 |
| Check No.                       | 1039   |
| By:                             | MNC    |
| 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 statement contained herein are true and correct.

  
Signature of Authorized Person  
Kenneth Donovan  
Date  
4/3/09  
Print or Type Name of Authorized Person