



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 2009

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

1. ID No. 419373		2. Exact name of the limited liability company Hippocrates Realty Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island To acquire, own, operate, develop, lease and deal in real property	
5. Principal office address 235 PLAIN STREET		City PROVIDENCE	State RI
		Zip 02905	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name KATHLEEN COTE BOWLING, M.D.		Contact Title MEMBER	
Street Address 235 PLAIN STREET		City PROVIDENCE	State RI
		Zip 02905	
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) ☐			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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).

419373

FILED

File Date	SEP 10 2009
Check No.	By 10/9
By:	
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 statements contained herein are true and correct.

Kathleen Cote Bowling 9/8/09
Signature of Authorized Person Date
KATHLEEN COTE BOWLING, M.D.
Print or Type Name of Authorized Person