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&c)) is subject to a penalty fee of $25.00.*

1. ID No.	*2. Exact name of the limited liability company*
162343	Ralph F. Santoro, MD LLC

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
Rhode Island	Medical Practice

5. Principal office address	*City*	*State*	*Zip*
3 Partridge Drive	Lincoln	RI	02865

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
Ralph A. Santoro, MD	

Street Address	*City*	*State*	*Zip*
3 Partridge Drive	Lincoln	RI	02865

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*	*Zip*	*City*	*State*	*Zip*
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).

[redacted]

FILED

File Date _____

Check No. SEP 17 2009

By: By 1127

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature of Authorized Person *Date* 9/17/09

[redacted]

Ralph F. Santoro, MD

Print or Type Name of Authorized Person

Form 632 Rev. 08/08