

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

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

770-00 1040	is subject	to a penatty jee	of \$25.00.			• ,	
1. ID No. 131461	2. Exac	2. Exact name of the limited liability company					
	Guy F	Guy R. Grinsell, D.C., LLC					
3. State of Formation		4. Brief descrip	tion of the character of the b	usiness which is actually conducted in Rho	ode Island		
Rhode Island to operate a chiropractic office				The second of th	THE THEFTHE		
5. Principal office addi				City	State		
600 Central Avenue				Pawtucket	RI	Zip	
6. MAILING ADDI	RESS OF L	IMITED LIAE	BILITY COMPANY AN	D NAME OR TITLE OF CONTACT	PERCON	02861	
Contact Name				Contact Title	PERSON;		
Guy R. Grinsell, D.C.				Manager	: Manager		
Street Address	-			City	State		
600 Central Avenue				Pawtucket	RI	Zip	
7 NAME AND AD	DDEEC OF	TACTT NAME.		I .		02861	
7 MILL RID AD	DRESS OF	EACH MANA	SPACES REPORT AND	ED LIABILITY COMPANY, IF APP	LICABLE - <u>DO NO</u>	<u>I LIST MEMB</u> ERS	
Manager Name		TILL III	SPACES BEFORE USI	NG ATTACHMENTS ("X" BOX FO	OR ATTACHMENT)]	
None				Manager Name			
 _							
Street Address				Street Address	Street Address		
							
City		State	Zip	City	State	Zip	
••••				•		24	
Manager Name				: Manager Name	Manager Name		
Street Address				Street Address	Street Address		
	_		_				
City		State	Zip	City	State	Zip	
				•]		
8. RESIDENT AGE	IT IN RHO	DDE ISLAND	- DO NOT ALTER - C	: hanges require filing of Form (642 - R.I.G.L. 7-16-1	1 '	
8				Address		_	
David N. Bazar, I	sq.						
Address				City	711	Zip	
35 Highland Avenue				E. Providence	ľ -	02914	
				L. I TOVIDETICE			

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

File Date FILED
Check No. OCT 0 1 2009
By: -By #232)
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. Print or Type Name of Authorized Person