

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.

(4						
1. ID No.	2. Exact name of the limited liability company MEPA Partners, LLC					
115984						
3. State of Formation Rhode Island 4. Brief description of the character of the business which Dental Practice.			which is actually conducted in Rhode	e Island		
5. Principal office address			City	State	Zip	
1485 South County Trail			East Greenwich	Rhode Island	02818	
6. MAILING ADDRE	SS OF LIMITED LIABILIT	TY COMPANY AND NA	ME OR TITLE OF CONTACT	PERSON:	•	
Contact Name			Contact Title	Contact Title		
Mark M. Palleschi			Operating Manager	Operating Manager		
Street Address			City	State	Zip	
1485 South County Trail			East Greenwich	Rhode Island	02818	
7. NAME AND ADDI	RESS OF EACH MANAGE	R OF THE LIMITED LL	ABILITY COMPANY, IF APPL	JCABLE - DO NOT LIS	T MEMRERS	
			ATTACHMENTS ("X" BOX FO		1 MEMBERS	
Manager Name			Manager Name	Manager Name		
Mark M. Palleschi						
Street Address			Street Address	Street Address		
1485 South County	/ Trail					
City	State	Zip	City	State	Zip	
East Greenwich	Rhode Island	02818				
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
					<u> </u>	
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT	IN PHODE ISLAND	1	:	İ	I	
		ce of the Secretary of St	ate. Changes require filing of Fo	orm 642 - RIGI 7-16-11		
1110111141011 13 04	item, or record in the Off	ec of the Secretary of Su	are. Changes require fining of Pe	om 0-2 - K.I.O.L. /-10-11		

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

115984

File Date FILED	
Check No. OCT 0 1 2009	
By: By 9760	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this re	port
including any accompanying schedules and statements, and that all statem	ent
contained herein are true and correct.	
ALL BANDON DO STATES	

Signature of Authorized Person

Mark M. Palleschi

Print or Type Name of Authorized Person