



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


1. ID No. <b>153186</b>		2. Exact name of the limited liability company <b>Narragansett Medical Building Associates, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>To own, lease and sell real property</b>			
5. Principal office address <b>360 Kingstown Road</b>		City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Kenneth J. Hathaway, D.O.</b>		Contact Title <b>President</b>			
Street Address <b>360 Kingstown Road</b>		City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>Kenneth J. Hathaway, D.O.</b>		Manager Name <b>James J. Murdocco, M.D.</b>			
Street Address <b>360 Kingstown Road</b>		Street Address <b>360 Kingstown Road</b>			
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
Manager Name <b>Stephen Maguire, D.O.</b>		Manager Name <b>Anne M. Hebert, M.D.</b>			
Street Address <b>360 Kingstown Road</b>		Street Address <b>360 Kingstown Road</b>			
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
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).

153186

File Date	<b>FILED</b>
Check No.	<b>OCT 14 2009</b>
By:	<b>7077</b>
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.

  
Signature of Authorized Person  
Date **9/30/09**  
**Kenneth J. Hathaway, D.O.**  
Print or Type Name of Authorized Person