



*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 (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 145312		2. Exact name of the limited liability company BIOTECH EQUITY VENTURE, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNING, DEVELOPING AND LEASING REAL ESTATE			
5. Principal office address 6 BLACKSTONE VALLEY PLACE, SUITE #206		City LINCOLN		State RI	Zip 02865
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name HENRY J. KEIGWIN		OR TITLE OF CONTACT PERSON: Contact Title			
Street Address 6 BLACKSTONE VALLEY PLACE, SUITE #206		City LINCOLN		State RI	Zip 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 HENRY J. KEIGWIN		Manager Name			
Street Address 6 BLACKSTONE VALLEY PLACE, SUITE #206		Street Address			
City LINCOLN	State RI	Zip 02865	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name JOSEPH F. WHINERY, JR.		Address CAMERON & MITTLEMAN LLP			
Address 301 PROMENADE STREET		City PROVIDENCE		Zip 02908	

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

145312

FILED
File Date _____
Check No. **OCT 23 2009**
By 10474
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 _____

Henry J. Keigwin

Print or Type Name of Authorized Person