



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

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. <b>144144</b>		2. Exact name of the limited liability company <b>DANIEL B. REARDON, M.D., LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>MEDICAL PRACTICE</b>			
5. Principal office address <b>390 TOLL GATE ROAD</b>			City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>DANIEL B. REARDON, M.D.</b>			Contact Title		
Street Address <b>390 TOLL GATE ROAD</b>			City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</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>NONE</b>			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 - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <b>E. COLBY CAMERON, ESQ.</b>			Address		
Address <b>301 PROMENADE STREET</b>			City <b>PROVIDENCE</b>	Zip <b>02908</b>	

**FILED**

OCT 29 2009

By 102567

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

**144144**

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2009 OCT 29 AM 11:07

File Date _____
Check No. _____
By: _____
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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]* 10/19/09  
 Signature of Authorized Person Date

**DANIEL B. REARDON, M.D.**

Print or Type Name of Authorized Person