

A. Ralph Mollis, Secretary of State
Corporations Division
1:48 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.

7. ID No. 485356	1	name of the limited liability company  I Avenue Operations, LLC					
3. State of Formation 4. Brief description of the character of the bu-		the character of the business i	ess which is actually conducted in Rhode Island hospitals and licensed Health programs				
5. Principal office address 70 Gill Avenue			City Pawtucket	State RI	Zip 02861		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAM Contact Name  Eric K. Schultheis				Contact Title  Compliance Director			
Street Address 101 East State Street			City Kennett Square	State PA	<sup>Zip</sup> 19348		
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 George V. 1-10-Ses, p				Manager Name			
Manager Name George V. 1-10-Ser, p  Street Address  101 7-ast State Street  City Kennett Squ State PA 21, 7348				Street Address			
Coo Krunett ST	i	State. PA	zip, 7348	Сиу	State	Zip	
Manager Name				Manager Name			
Street Address				Street Address			
City		State	Zip	City	State	Zip	
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).

485356

File Date _	FILED		
Check No	OCT 29 <b>2009</b>		
Ву:	By 9160		
FC	OR 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 Grson Date

George V. Mager, h