



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

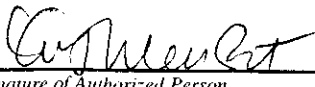
1. ID No. 131381		2. Exact name of the limited liability company Rhode Island Cardiology Center, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Medical services			
5. Principal office address 60 Amaral Street		City Riverside	State RI	Zip 02915	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name George McKendall, M.D.			Contact Title Chief Executive Officer		
Street Address 60 Amaral Street		City Riverside	State RI	Zip 02915	
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 checked="" type="checkbox"/>					
Manager Name George McKendall, M.D.			Manager Name Barry L. Sharaf, M.D.		
Street Address 60 Amaral Street		Street Address 60 Amaral Street			
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02195
Manager Name Michael F. Gilson, M.D.			Manager Name Marilyn J. Weigner, M.D.		
Street Address 60 Amaral Street		Street Address 60 Amaral Street			
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
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).

131381

<b>FILED</b>	
File Date	NOV 17 2009
Check No.	By 11979
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.

 11/1/09  
Signature of Authorized Person Date  
George McKendall, M.D. Kathleen Benoit, COO  
Print or Type Name of Authorized Person

RHODE ISLAND CARDIOLOGY CENTER, LLC

Attachment to 2009 Annual Report

Additional Manager

Daniel J. Levine, M.D.  
60 Amaral Street  
Riverside, RI 02915

**FILED**  
NOV 17 2009  
By 181381