

Filing Fee: \$100.00 For Each Partner  
Not to Exceed \$2,500.00

ID Number: 131972



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615

**LIMITED LIABILITY PARTNERSHIP**

**APPLICATION FOR  
REGISTERED LIMITED LIABILITY PARTNERSHIP**

2010 MAY -6 PM 1:25  
SECRETARY OF STATE  
CORPORATIONS DIVISION

Pursuant to the provisions of Section 7-12-56 of the General Laws of Rhode Island, 1956, as amended, the undersigned partnership hereby applies to become or continue as a Registered Limited Liability Partnership in the state of Rhode Island and for that purpose submits the following statement:

(Check one box only)

New *or*  Renewal

1. The name of the Registered Limited Liability Partnership is:

**Broadway OB/GYN, LLP**

*(The name must include the words "registered limited liability partnership" or the abbreviation "L.L.P." or "LLP" as the last words or letters of its name.)*

2. The address of its principal office is:

**695 Eddy Street, Providence, RI 02903**

3. If the partnership's principal office is not located in this state, the address of a registered office and the name and address of a registered agent for service of process in the state of Rhode Island which a partnership shall be required to maintain:

n/a

4. The names and addresses of all resident partners:

<u>Name</u>	<u>Residence Address</u>
Fred A. Brosco	100 Hunters Crossing, East Greenwich, RI 02818
Michele R. Gange	3 Brookfield Court, East Greenwich, RI 02818
Frank A. Pensa	22 Newport Street, Jamestown, RI 02835
Donald Ramos	40 Newtown Avenue, Wickford, RI 02852

*(If more space is required, please list on separate attachment)*

**FILED**

MAY 06 2010

BY 1176664 1:25

**LIMITED LIABILITY PARTNERSHIP  
RENEWAL APPLICATION FOR THE YEAR 2010**  
Additional Information Sheet

**BROADWAY OB/GYN, LLP**

**ID No: 131972**

4. The names and addresses of all resident partners: (cont.)

Name

Address

Laina Crowthers

600 Greenville Road  
N. Smithfield, RI 02896

5. List the place where the business records of the partnership are maintained; or, if more than one location for business records is maintained, list the principal place of business of the partnership:

**695 Eddy Street, Providence, RI 02903**

6. A brief statement of the business in which the partnership is engaged:

**Medical Services**

7. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

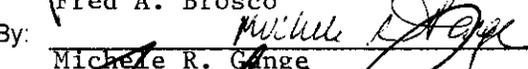
Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Registered Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

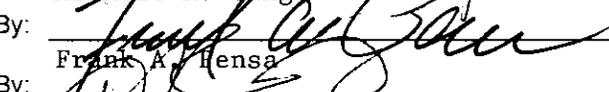
Date: 4/29/2010

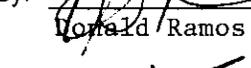
**Broadway OB/GYN, LLP**

Print Exact Name of Partnership Making Application

By:   
 Fred A. Brosco

By:   
 Michele R. Gange

By:   
 Frank A. Mensa

By:   
 Donald Ramos

By:   
 Laina Chowthers



# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly  
executed in accordance with the provisions of Title 7 of the General Laws  
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

*Secretary of State*

