



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 2010

**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.<br><b>162923</b>                                                                                                                                                                                    |              | 2. Exact name of the limited liability company<br><b>Carol Manning, M.D., LLC</b>                                                                       |                     |
| 3. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                  |              | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>medical practice specializing in gynecology</b> |                     |
| 5. Principal office address<br><b>133 Cushing Road</b>                                                                                                                                                        |              | City<br><b>Warwick</b>                                                                                                                                  | State<br><b>RI</b>  |
|                                                                                                                                                                                                               |              | Zip<br><b>02888</b>                                                                                                                                     |                     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |              |                                                                                                                                                         |                     |
| Contact Name<br><b>Carol Manning, M.D.</b>                                                                                                                                                                    |              | Contact Title                                                                                                                                           |                     |
| Street Address<br><b>133 Cushing Road</b>                                                                                                                                                                     |              | City<br><b>Warwick</b>                                                                                                                                  | State<br><b>RI</b>  |
|                                                                                                                                                                                                               |              | Zip<br><b>02888</b>                                                                                                                                     |                     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |              |                                                                                                                                                         |                     |
| Manager Name                                                                                                                                                                                                  |              | Manager Name                                                                                                                                            |                     |
| Street Address                                                                                                                                                                                                |              | Street Address                                                                                                                                          |                     |
| City                                                                                                                                                                                                          | State        | Zip                                                                                                                                                     | City                |
| State                                                                                                                                                                                                         | State        | Zip                                                                                                                                                     | State               |
| Manager Name                                                                                                                                                                                                  | Manager Name |                                                                                                                                                         | Manager Name        |
| Street Address                                                                                                                                                                                                |              | Street Address                                                                                                                                          |                     |
| City                                                                                                                                                                                                          | State        | Zip                                                                                                                                                     | City                |
| State                                                                                                                                                                                                         | State        | Zip                                                                                                                                                     | State               |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11                                                                                                      |              |                                                                                                                                                         |                     |
| Agent Name<br><b>Steven I. Rosenbaum, Esq.</b>                                                                                                                                                                |              | Address<br><b>30 Exchange Terrace</b>                                                                                                                   |                     |
| Address<br><b>POORE &amp; ROSENBAUM LLP</b>                                                                                                                                                                   |              | City<br><b>Providence</b>                                                                                                                               | Zip<br><b>02903</b> |

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

162923

|                                           |                    |
|-------------------------------------------|--------------------|
| File Date                                 | <b>FILED</b>       |
| Check No.                                 | <b>SEP 13 2010</b> |
| By:                                       | <b>126308</b>      |
| <b>BY FOR SECRETARY OF STATE USE ONLY</b> |                    |

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 **9/8/10**

**Carol Manning, M.D.**

Print or Type Name of Authorized Person