



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* • **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)(7c)) is subject to a penalty fee of \$25.00.

1. ID No. 148410		2. Exact name of the limited liability company Coastal Care Realty, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Real estate holding company			
5. Principal office address 10 Davol Square, Suite 400		City Providence	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name George W. Babcock			Contact Title Manager		
Street Address 10 Davol Square, Suite 400		City Providence	State RI	Zip 02903	
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) <input checked="" type="checkbox"/>					
Manager Name George W. Babcock			Manager Name Steven Brin, M.D.		
Street Address 10 Davol Square, Suite 400		Street Address 10 Davol Square, Suite 400			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Manager Name Joseph Campbell, M.D.			Manager Name Larry Schoenfeld, M.D.		
Street Address 10 Davol Square, Suite 400		Street Address 10 Davol Square, Suite 400			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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					

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

148410

FILED

File Date	OCT 26 2010
Check No. By	<i>MNC</i>
By:	004191
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.

LS :01 AM 92 OCT 26 AM 10:57
George W. Babcock 9/14/2010
 Signature of Authorized Person Date
 George W. Babcock
 Print or Type Name of Authorized Person

COASTAL CARE REALTY, LLC

Attachment to 2010 Annual Report
Continued List of Managers

Meryl Moss, MPA 10 Davol Square, Suite 400 Providence, RI 02903

Robert Cicchelli, M.D. 10 Davol Square, Suite 400 Providence, RI 02903
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CORPORATE AFFAIRS DIV.

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By MNC

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