



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2010

1. ID No. 000220328

2. Exact Name of the Limited Liability Company Hospital Internists of Westerly, LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

PRIVATE PHYSICIAN PRACTICE located within the Westerly Hospital

5. Principal Office Address

No. and Street: 25 WELLS STREET

City or Town: WESTERLY

State: RI

Zip: 02891

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: TAMMY BERNACKI Contact Title: OFFICE MANAGER

No. and Street: 25 WELLS ST

City or Town: WESTERLY

State: RI

Zip: 02891

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	KENNETH DONOVAN	27 LEE DRIVE PAWCATUCK, CT 06379 USA
MANAGER	J KEVIN SHUSHTARI MD	29 MOUNTAIN SPRING RD FARMINGTON, CT 06032 USA
MANAGER	CARMINE CRISPINO MD	195 HIGH MEADOW RD MYSTIC, CT 06355 USA
MANAGER	CHRISTOPHER JALBERT MD	22 SCHILKE DR WESTERLY, RI 02891 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

KENNETH W. DONOVAN, M.D. THE WESTERLY HOSPITAL 25 WELLS STREET WESTERLY , RI 02891

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

Signed this 15 Day of June, 2011 at 1:46:49 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By J. KEVIN SHUSHTARI
Signature of Authorized Person

Form No. 632
Revised 09/07