



**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: 2011

1. ID No. 000140227

2. Exact Name of the Limited Liability Company Ear Nose & Throat Medicine and Surgery Group, LLC

3. State of Formation

State: RI

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

MEDICAL SERVICES

5. Principal Office Address

No. and Street: 850 AQUIDNECK AVENUE

City or Town: MIDDLETOWN

State: RI

Zip: 02842

Country: USA

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

Contact Name: DEBORAH A MURPHY Contact Title: OFFICE MANAGER

No. and Street: 850 AQUIDNECK AVENUE

City or Town: MIDDLETOWN

State: RI

Zip: 02842

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	JAMES M DOBBIN MD	850 AQUIDNECK AVENUE MIDDLETOWN, RI 02842- USA
MANAGER	STEVEN F FREEDMAN MD	850 AQUIDNECK AVENUE MIDDLETOWN , RI 02842 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

LINN F. FREEDMAN, ESQ. NIXON PEABODY LLP ONE CITIZENS PLAZA PROVIDENCE , RI 02903-

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 September, 2011 at 8:55:08 AM 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 STEVEN F FREEDMAN MD
Signature of Authorized Person

Form No. 632
Revised 09/07

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