



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 2011

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. 145857		2. Exact name of the limited liability company Ophthalmic Plastic Surgery, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Management company offering management services to healthcare providers			
5. Principal office address 120 Dudley Street, Suite 301		City Providence	State RI	Zip 02905	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Philip R. Rizzuto			Contact Title Manager		
Street Address 120 Dudley Street, Suite 301		City Providence	State RI	Zip 02905	
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 type="checkbox"/>					
Manager Name Philip R. Rizzuto			Manager Name Michael E. Migliori		
Street Address 120 Dudley Street, Suite 301		Street Address 120 Dudley Street, Suite 301			
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Andrew W. Davis			Address		
Address 101 Dyer Street		City Providence		Zip 02903	

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

2011 SEP 16 AM 8:50
 CORPORATIONS DIV

FILED	
File Date	SEP 16 2011
Check No.	C 152151
By:	
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.

Signature of Authorized Person
 Date: 9/7/11
 Philip R. Rizzuto
 Print or Type Name of Authorized Person