



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

| | | | | | |
|---|-------|---|------|--------------------|---------------------|
| 1. ID No. <u>159773</u> | | 2. Exact name of the limited liability company <u>Stanford Realty-South, LLC</u> | | | |
| 3. State of Formation <u>Rhode Island</u> | | 4. Brief description of the character of the business which is actually conducted in Rhode Island <u>To own, improve, develop, operate, lease and sell real property</u> | | | |
| 5. Principal office address <u>33 Stanford Street</u> | | City <u>Providence</u> | | State <u>RI</u> | Zip <u>02905</u> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name <u>Peter S. Margolis M.D.</u> | | Contact Title <u>President</u> | | | |
| Street Address <u>33 Stanford Street</u> | | City <u>Providence</u> | | State <u>RI</u> | Zip <u>02905</u> |
| 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 | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 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 | | | | | |

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

FILED

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|---------------------------------|-----------------------|
| File Date | <u>OCT 03 2011</u> |
| Check No. | By <u>[Signature]</u> |
| By: | <u>1263</u> |
| 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] 9/28/11
Signature of Authorized Person Date
Peter S. Margolis M.D.
Print or Type Name of Authorized Person