RI SOS Filing Number: 201183910050 Date: 10/06/2011 4:00 PM

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&c)) is subject to a penalty fee of $25.00.*

1. ID No.	2. Exact name of the limited liability company		
137538	Truesdale Medical Partners, L.L.C.		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
Massachusetts	To provide medical support services to medical practices		
5. Principal office address	City	State	Zip
1030 President Avenue	Fall River	MA	02720

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Charles Eil, M.D.	Manager		
Street Address	City	State	Zip
1030 President Avenue	Fall River	MA	02720

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) ☐

Manager Name	Manager Name
Charles Eil, M.D.	Ronald L. Schneider, M.D.
Street Address	Street Address
1030 President Avenue	1030 President Avenue
City / State / Zip	City / State / Zip
Fall River / MA / 02720	Fall River / MA / 02720
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

2011 OCT -6 PM 3:42
SECRETARY OF STATE
CORPORATIONS DIV

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

[redacted] 137538

FILED

File Date _____
Check No. OCT 06 2011
By BY 153798

FOR SECRETARY OF STATE USE ONLY
68336-1-684288

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.

October 5, 2011
Signature of Authorized Person *Date*

[redacted]

Charles Eil, M.D., Manager
Print or Type Name of Authorized Person

Form 632 Rev. 08/08