



**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. 000088025**

**2. Exact Name of the Limited Liability Company G.I. MED, L.L.C.**

**3. State of Formation**

State: RI

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

DEALING IN REAL PROPERTY

**5. Principal Office Address**

No. and Street: 1150 RESERVOIR AVENUE

City or Town: CRANSTON

State: RI

Zip: 02920

Country: USA

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

Contact Name: JONATHAN KALANDER Contact Title: ATTORNEY

No. and Street: 931 JEFFERSON BLVD., SUITE 2004

City or Town: WARWICK

State: RI

Zip: 02886

Country: USA

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

| Title   | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---------|------------------------------------------------|------------------------------------------------------------|
| MANAGER | GEORGE L. POWERS MD                            | 1150 RESERVOIR AVENUE<br>CRANSTON, RI 02920 USA            |
| MANAGER | PAUL W RODERICK MD                             | 1150 RESERVOIR AVENUE<br>CRANSTON, RI 02920 USA            |
| MANAGER | THOMAS H. MCGREEN MD                           | 1150 RESERVOIR AVENUE<br>CRANSTON, RI 02920 USA            |

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

JONATHAN V. KALANDER, ESQ. 931 JEFFERSON BOULEVARD, SUITE 2004 WARWICK , RI 02886-

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

**Signed this 9 Day of November, 2011 at 4:38:06 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 PAUL RODERICK  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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