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. 000220328

2. Exact Name of the Limited Liability Company Hospital Internists of Westerly, LLC

3. State of Formation

State: RI

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

PRIVATE PHYSICIAN PRACTICE located within the Westerly Hospital

5. Principal Office Address

No. and Street: 25 WELLS STREET
City or Town: WESTERLY State: RI Zip: 02891 Country: USA

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

Contact Name: J. KEVIN SHUSHTARI, M.D. Contact Title: MEMBER
No. and Street: 29 MOUNTAIN SPRING ROAD
City or Town: FARMINGTON State: CT Zip: 06032 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	J KEVIN SHUSHTARI MD	29 MOUNTAIN SPRING RD FARMINGTON, CT 06032 USA

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

KENNETH W. DONOVAN, M.D. THE WESTERLY HOSPITAL 25 WELLS STREET WESTERLY , RI 02891

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

Signed this 4 Day of June, 2012 at 9:58:49 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 J. KEVIN SHUSHTARI
Signature of Authorized Person

Form No. 632
Revised 09/07