



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 153186		2. Exact name of the limited liability company Narragansett Medical Building Associates, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island To own, lease, and sell real property			
5. Principal office address 360 Kingstown Road		City Narragansett	State RI	Zip 02882	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Kenneth J. Hathaway, D.O.		Contact Title President			
Street Address 360 Kingstown Road		City Narragansett	State RI	Zip 02882	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Manager Name Kenneth J. Hathaway, D.O.		Manager Name Stephen Maguire, D.O.			
Street Address 360 Kingstown Road		Street Address 360 Kingstown Road			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Manager Name James J. Murdocco, M.D.		Manager Name W. Gary Peigelbeck, M.S. CCC			
Street Address 360 Kingstown Road		Street Address 360 Kingstown Road			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

File Date _____

Check No _____

By: _____ **BY** _____

FOR SECRETARY OF STATE USE ONLY

AUG 22 2012

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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.

Kenneth J. Hathaway, D.O.
 Signature of Authorized Person

Date

Kenneth J. Hathaway, D.O.

Print or Type Name of Authorized Person

Narragansett Medical Building Associates, LLC.
ID No. 153186

ATTACHMENT TO 2012 ANNUAL REPORT

Monica L. Gross, M.D.
360 Kingstown Road
Narragansett, RI 02882

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BY FD 153186