



**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: 2012

1. ID No. 000164661

2. Exact Name of the Limited Liability Company Women's Care Partners, LLC

3. State of Formation

State: RI

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

BUY,SELL,OWN,OPERATE,LEASE AND OTHERWISE DEAL IN AND WITH REAL ESTATE

5. Principal Office Address

No. and Street: 407 EAST AVENUE, SUITE 150

City or Town: PAWTUCKET

State: RI Zip: 02860-5299 Country: USA

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

Contact Name: PABLO RODRIGUEZ Contact Title: PRESIDENT

No. and Street: 407 EAST AVENUE, SUITE 150

City or Town: PAWTUCKET

State: RI Zip: 02860-5299 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	LINDA L. NANNI	407 EAST AVENUE, SUITE 150 PAWTUCKET, RI 02860-5299 USA
MANAGER	CARROLL A. MEDEIROS	407 EAST AVENUE, SUITE 150 PAWTUCKET, RI 02860-5299 USA
MANAGER	PABLO RODRIGUEZ	407 EAST AVENUE, SUITE 150 PAWTUCKET, RI 02860- USA
MANAGER	DEBRA L. GOLDMAN	407 EAST AVENUE, SUITE 150 PAWTUCKET, RI 02860-5299 USA
MANAGER	ALFREDO GIL	407 EAST AVENUE, SUITE 150 PAWTUCKET, RI 02860-5299 USA
MANAGER	WAYNE C. CLAIRBORNE	407 EAST AVENUE, SUITE 150 PAWTUCKET, RI 02860-5299 USA
MANAGER	FIONA B.A. CLEMENT	407 EAST AVENUE, SUITE 150 PAWTUCKET, RI 02860-5299 USA

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

DON E. WINEBERG ONE PARK ROW, SUITE 300 PROVIDENCE , RI 02903-

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

Signed this 14 Day of September, 2012 at 10:23:09 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 PABLO RODRIGUEZ
Signature of Authorized Person

Form No. 632
Revised 09/07