



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. 151102		2. Exact name of the limited liability company Westerly Clinical Support Services, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island To provide health care support services including lab draw station.			
5. Principal office address 77 Franklin Street			City Westerly	State RI	Zip 02891
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Maureen Carboni			Contact Title Resident Agent		
Street Address 25 Wells Street			City Westerly	State RI	Zip 02891
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 None William McKendree			Manager Name Mantha Hosp		
Street Address 20 Arondale Rd			Street Address 29 Lincoln Rd		
City Westerly	State RI	Zip 02891	City Charlestown	State RI	Zip 02813
Manager Name Fred Albandyce			Manager Name Allen Leadbetter MD		
Street Address 33 Pasadena Ave			Street Address 16 Handel Rd		
City Watch Hill	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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

SEP 26 2012

BY DSM

2012 SEP 12 AM 11:16
 CORPORATIONS DIV

File Date _____
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 By: _____
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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.

Maureen Carboni 8/28/12
 Signature of Authorized Person Date
Resident Agent
 Print or Type Name of Authorized Person

WESTERLY CLINICAL SUPPORT SERVICES
2011/2012

Fred A. Allardyce
33 Pasadena Avenue
Watch Hill, RI 02891

George Bourganos, M.D.
Cardiovascular Institute of New England
Champion Building
35 Wells Street
Westerly, RI 02891

John P. Casey
48 Ice Pond Road
Westerly, RI 02891

David D'Eramo, Ph.D.
28 Highland Road
Charlestown, RI 02813

Leonard C. Edwards
52 Avondale Road
Westerly, RI 02891

Maureen N. Fitzgerald
10 Windward Drive
Westerly, RI 02891

John T. Gorby
77 Water Street
Stonington, CT 06378

Richard C. Holliday
35 Avondale Road
Westerly, RI 02891-5003

Martha Hosp
29 Lincoln Road
Charlestown, RI 02813

Charles S. Kinney
The Westerly Hospital
25 Wells Street
Westerly, RI 02891

Christopher M. Lehrach, M.D.
34 Sea View Drive
Charlestown, RI 02813

Allen W. Leadbetter, M.D.
16 Handel Road
Westerly, RI 02891

William G. McKendree
20 Avondale Road
Westerly, RI 02891

Mary Jo Orsinger
34 Elm Street
Westerly, RI 02891

Jennifer Schwindt
5 Ashby Street
Mystic, CT 06355

Chairman
First Vice Chairman
Second Vice Chairman
Third Vice Chairman

OFFICERS

William G. McKendree
Martha McQ. Hosp
Allen W. Leadbetter, M.D.
Fred A. Allardyce