

## 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.	2. Exact name of	f the limited liability co	mpany													
129913 DRTMJ, LLC																
3. State of Formation	4. Brief descript	on of the character of	ousiness conducted in Rhode Island													
Rhode Island	To own	and lease	real estate.													
5 Principal office address	I		City	State	Zip											
333 School Stre			Pawtucket	RI	02860											
6. MAILING ADDRESS OF LIMIT	ED LIABILITY C	OMPANY AND WALES		BON:	eranna tanna tan											
Contact Name				Contact Title												
Martin Papazian	1, M.D.	,,	Manager													
Street Address			City	State	Zìp											
333 School Stre			Pawtucket	RI	02860											
7. LIST <u>ALL</u> MANAGERS (NAM ("X" BOX FOR ATTACHMENT		SSES) OF THE LIMIT	EO LIABILITY COMPANY, IF A	PPLICABLE - <u>DO 1</u>	OT IST MEMBERS											
Manager Name			Manager Name													
Martin Papazian	M.D.															
Street Address			Street Address													
333 School Stre	et															
City	State	Zip	City	State	Zip											
Pawtucket	RI	02860														
Manager Name			Manager Name													
Street Address		entrin e	Street Address													
City	State	Zip	City	City State Zip												
8. RESIDENT AGENT IN RHOD	W. T.			dage de la comita di												
This information is currently of	record in the O	ffice of the Secretary	of State. Changes require fili	ng Form 642.												

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Form No. 632 Revised: 01/2012 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 therein are true and correct.

Signature of Authorized Person

Martin Papazian, M.D.

Print or Type Name of Authorized Person