State of Rhode Island and Providence Plantations Fee: \$50.0 Office of the Secretary of State			
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: 2013			
1. ID No. <u>000163427</u>			
2. Exact Name of the Limited Liability Company Urologic Specialists of New England, LLC			
3. State of Formation			
State: <u>RI</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
medical practice			
5. Principal Office Address			
No. and Street: 207 QUAKER LANE			
City or Town: $\underline{WEST WARWICK}$ State: \underline{RI} Zip: $\underline{02893}$ Country: \underline{USA}			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact	Title:		
No. and Street: C/O ADLER POLLOCK & SHEEHAN P.C.			
ONE CITIZENS PLAZA, 8TH FLOOR City of Terror DROV/DENCE			
City or Town: PROVIDENCE State: RI zip: 02903 Country: USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	Code, Country
MANAGER	JOSEPH C CAMBIO MD	207 QUAKER LAN WEST WARWICK, RI 02893	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11			
SUSAN LEACH DEBLAS	SIO, ESQ. ADLER POLLOCK & SHI	EEHAN P.C. ONE CITIZENS PI	LAZA, 8TH
FLOOR 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 16 Day of September, 2013 at 1:17:45 PM 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 JOSEPH C. CAMBIO, MD

Signature of Authorized Person

Form No. 632 Revised 09/07

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