

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 2013

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 the limited liability company				
639992	MEDICA	L ASSETS VENT	TURE LLC			
3. State of Formation	1	•	er of business conducted in Rhod	le Island		
RHODE ISLAND	REALES	STATE INVESTM	EN I			
5. Principal office address 6 BLACKSTONE VALLEY PLACE, SUITE 206			City LINCOLN	State RI	Zip 02865	
Contact Name JOSEPH RAHEB			Contact Title ATTORNEY			
Street Address 650 WASHINGTON HWY.			City LINCOLN	State RI	^{Zip} 02865	
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Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address	Street Address 2		
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This information is currently of	f record in th	e Office of the Secre	tary of State. Changes require	filina Form 642.	ļ.	

FILED 12.27 OCT 172013 By 208536 VM



Form No. 632 Revised: 01/2012 Under penalty of perjury, declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements of named herein are true and correct.

Signature of Authorized Person

Date

JENNIFER K. COOKKE

Print or Type Name of Authorized Person