

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

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 na	me of the limited liabili	ty company			
742507	5750 PC	ST ROAD MEDIC	AL OFFICES, LLC			
3. State of Formation	4. Brief des	cription of the characte	of business conducted in Rho	de Island		
Rhode Island	Owners	Brief description of the character of business conducted in Rhode Island Ownership and management of real estate				
5. Principal office address 2091 Nooseneck Hill Road			City Coventry	State RI	Zip 02816	
6. MAILING ADDRESS O	F LIMITED LIABILI	Y COMPANY AND N	AME OR TITLE OF CONTACT.	PERSON	୍ୟିଲ ବିଲୁଣ 'ବ୍ୟବହ୍ୟ କଥ	
Contact Name Paul P. Mihailides	ICI Name		Contact Title			
Street Address 2091 Nooseneck H	iill Road		City State Zin Coventry RI 0		Zip 02816	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	B (NAMES AND ADD HMENT) [PRESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name ATC Post Road As				Manager Name M.T.M. Development Corporation		
Street Address 1526 Atwood Aven	ue, Suite 100		Street Address 2091 Nooseneck	<u> </u>		
City Johnston	State RI	Zip 02919	City Coventry	State RI	Zip 02816	
anager Name		Manager Name				
Street Address	-		Street Address			
City	State	Zip	City	State	Zip	
B. RESIDENT AGENT IN						
This information is curre	ntly of record in the	Office of the Secret	ary of State. Changes require	filing Form 642.		

FILED

NOV 18 2014'

	Under penalty of perjury, I declare and affirm that I ha	ve examined	
File Date	this report, including any accompanying schedules a	nd statements	
Check No	and that all statements contained herein are true and	Correct.	
Ву;	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Paul P. Mihailides, President of	<u>:</u>	
	Print or Type Name of Authorized Person		
rm No. 632	M.T.M. Development Corporation		

Form No. 632 Revised: 01/2012