

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

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))	•	*			··				
1. ID No.	2. Exact	t name of the limited liability company							
87423	ORTH	HOPEDIC REALTY ASSOCIATES, LLC							
3. State of Formation 4. Brief description of the character of the business wh			ch is actually conducted in Rhode Island						
RHODE ISLAND REAL ESTATE									
5. Principal office address				СЦу	State		Zip		
ONE HIGH STREET				WAKEFIELD	RI	ı	02879		
6. MAILING ADDRE	ess of L	IMITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERSON:					
Contact Name				Contact Title					
DANIEL LABRADOR				City State Zib					
Street Address				City			ZΨ 00070		
ONE HIGH STREET				WAKEFIELD	RI	ļ	02879		
7. NAME AND ADD	RESS OF	EACH MANAGER	OF THE LIMITED LIAB	ILITY COMPANY, IF APP	LICABLE - <u>DO N</u> O		<u> 1EMBERS</u>		
		FILL IN SPACE	ES BEFORE USING ATT	ACHMENTS ("X" BOX FO	OR ATTACHMENT)				
Manager Name				Manager Name					
ROBERT C. MARCHAND, M.D.									
Street Address				Street Address					
ONE HIGH STREET									
City		State RI	^{Zip} 02879	City	State		Zip		
WAKEFIELD		KI	02079	:			************		
Manager Name				Manager Name					
Street Address				Street Address					
					Laur		20.		
City		State	Zip	City	State		Zip		
a province (CE)		ODE ISLAND DO	NOT ALTER Change	: require filing of Form	642 - R.I.G.L. 7-1:	6-11	l		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name				Address					
E. COLBY CAMERON									
<u> </u>				City	City Zip				
Address				1		02908			
301 PROMENADE STREET				PROVIDENCE 02908					

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

87423

File Date
Check No.
Ву:
FOR SECRETARY OF STATE USE ONLY

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Under penalty of perjury, I declare and affirm that I have examined this report,
including any accompanying screens and statements, and that all statements,
contained herein are true and correct

ROBERT C. MARCHAND, M.D., MANAGER

Print or Type Name of Authorized Person