



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No. 128600		2 Exact name of the limited liability company DRS. KENNETH AND ROBIN RAWLINSON LLC	
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island DENTAL OFFICE	
5 Principal office address 2861 PAWTUCKET AVE		City RIVERSIDE	State RI
		Zip 02915	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name KENNETH RAWLINSON, DDS		Contact Title MEMBER	
Street Address 2861 PAWTUCKET AVE		City RIVERSIDE	State RI
		Zip 02915	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Kenneth Rawlinson, DDS		Manager Name NO MANAGERS	
Street Address 2861 Pawtucket Ave		Street Address 2861 Pawtucket Ave	
City Riverside	State RI	City Riverside	State RI
Zip 02915		Zip 02915	
Manager Name		Manager Name	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name KENNETH J. RAWLINSON, DDS		Address	
Address 2861 PAWTUCKET AVENUE		City RIVERSIDE	Zip 02915-

Kenneth Rawlinson DDS
KENNETH RAWLINSON, DDS

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 2 8 6 0 0 *

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 herein are true and correct.

File Date 11/30/04
Check No. 4593
By: W
FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person _____ Date _____

Print or Type Name of Authorized Person _____