



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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)) is subject to a penalty fee of \$25.00.

1. ID No. 121589		2. Exact name of the limited liability company NOB CREEK, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP AND OPERATION OF COMMERCIAL REAL ESTATE	
5. Principal office address 44 WEST RIVER STREET, 2ND FL		City PROVIDENCE	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name NEIL R GREENSPAN, M.D.		Contact Title MANAGER	Zip 02904
Street Address 44 WEST RIVER STREET, 2ND FL		City PROVIDENCE	State RI
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		Zip 02904	
Manager Name NEIL R GREENSPAN, M.D.		Manager Name DAVID SCHREIBER, M.D.	
Street Address 44 WEST RIVER STREET, 2ND FL		Street Address 44 WEST RIVER STREET, 2ND FL	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02904		Zip 02904	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	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 E. COLBY CAMERON, ESQ.		Address	
Address 301 PROMENADE STREET		City PROVIDENCE	Zip 02908

FILED

APR 05 2016

By 271670 KM

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

121589

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

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.

Signature of Authorized Person

Date

NEIL R. GREENSPAN, M.D., MANAGER

Print or Type Name of Authorized Person