



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 2005**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 118851		2. Exact name of the limited liability company Women's Care Realty, L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BUY, SELL, OWN, OPERATE, LEASE AND OTHERWISE DEAL IN AND WITH REAL ESTATE			
5. Principal office address 247 ROOSEVELT AVENUE			City PAWTUCKET	State RI	Zip 02860-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name PABLO RODRIGUEZ		Contact Title MANAGER			
Street Address 247 ROOSEVELT AVENUE			City PAWTUCKET	State RI	Zip 02860-
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 PABLO RODRIGUEZ & WAYNE CLAIRBORNE		Manager Name LINDA NANNI & CARROLL MEDEIROS			
Street Address 247 ROOSEVELT AVENUE		Street Address 247 ROOSEVELT AVENUE			
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Manager Name JACQUELINE A. TETREULT		Manager Name ERIKA KLEIN & CAROL MANNING			
Street Address 247 ROOSEVELT AVENUE		Street Address			
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 6421. R.I.G.L. 7-16-11.					
Agent Name DON E. WINEBERG, ESQ.		Address 56 EXCHANGE TERRACE			
Address			City PROVIDENCE	Zip 02903-	

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



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*118851 DLLC 10/3/05 08:35:39 AM*
File Date <u>10/14/05</u>
Check No. <u>1056</u>
By: <u>[Signature]</u>
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] 10/12/05  
Signature of Authorized Person Date

PABLO RODRIGUEZ, MANAGER  
Print or Type Name of Authorized Person



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

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5. Principal office address 247 ROOSEVELT AVENUE		City PAWTUCKET	State RI
		Zip 02860-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name PABLO RODRIGUEZ		Contact Title MANAGER	
Street Address 247 ROOSEVELT AVENUE		City PAWTUCKET	State RI
		Zip 02860-	
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 PABLO RODRIGUEZ		Manager Name LINDA NANNI	
Street Address 247 ROOSEVELT AVENUE		Street Address 247 ROOSEVELT AVENUE	
City PAWTUCKET	State RI	City PAWTUCKET	State RI
Zip 02860		Zip 02860	
Manager Name JACQUELINE TETREAU		Manager Name	
Street Address 247 ROOSEVELT AVENUE		Street Address	
City PAWTUCKET	State RI	City	State
Zip 02860		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 DON E. WINEBERG, ESQ.		Address 56 EXCHANGE TERRACE	
Address		City PROVIDENCE	Zip 02903-

**FILED**

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

OCT 25 2004  
BY M. Y. S. V. N. S.  
Kme



1 1 8 8 5 1

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]*  
Signature of Authorized Person  
Date: 10/22/04

PABLO RODRIGUEZ, MANAGER  
Print or Type Name of Authorized Person

\*118851 DLLC 10/20/04 08:35:39 AM\*

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

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**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *118851*		2. Exact name of the limited liability company Women's Care Realty, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Buy, sell, own, operate, lease and otherwise deal in and with real estate	
5. Principal office address 247 ROOSEVELT AVENUE		City PAWTUCKET	State RI
		Zip 02860-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Douglas Reed, R.N., M.B.A		Contact Title CEO	
Street Address 247 Roosevelt Avenue		City Pawtucket	State RI
		Zip 02860	
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 None		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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 DON E. WINEBERG, ESQ.		Address 56 EXCHANGE TERRACE	
Address		City PROVIDENCE	Zip 02903

**FILED**  
OCT 06 2003

By DMC C8094

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



\* 1 1 8 8 5 1 \*

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.

Douglas M. Reed 10/3/03  
Signature of Authorized Person Date

Douglas Reed, R.N., M.B.A.  
Print or Type Name of Authorized Person

\*\*118851\* 10/31/027:44:01 AM\*  
File Date 10-6-03  
Check No. 1014 C/8094  
By: DMC  
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STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003**

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

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5. Principal office address 247 ROOSEVELT AVENUE		City PAWTUCKET	State RI	Zip 02860-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Douglas Reed, R.N., M.B.A			Contact Title CEO		
Street Address 247 Roosevelt Avenue		City Pawtucket	State RI	Zip 02860	
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 Pablo Rodriguez		Manager Name Jacqueline Tetreault			
Street Address 247 Roosevelt Avenue		Street Address 247 Roosevelt Avenue			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Manager Name		Manager Name Linda Nanni			
Street Address		Street Address 247 Roosevelt Avenue			
City	State	Zip	City	State	Zip
			Pawtucket	RI	02860
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name DON E. WINEBERG, ESQ.		Address 56 EXCHANGE TERRACE			
Address		City PROVIDENCE	Zip 02903		

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OCT 21 2003

By Kme

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



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\*\*118851\* 10/31/027:44:01 AM\*

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.

Douglas M. Reed 10/03/03  
Signature of Authorized Person Date  
Douglas Reed, R.N., M.B.A.  
Print or Type Name of Authorized Person