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. | 2. Exact name of the limited liability company |
|---|---|
| 134153 | Broadway Medical Treatment Center, LLC |

| 3. State of Formation | 4. Brief description of the character of the business which is actually conducted in Rhode Island |
|---|---|
| RHODE ISLAND | MEDICAL TREATMENT CENTER |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| P.O. BOX 824 | BLOCK ISLAND | RI | 02807- |

**6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:**

| Contact Name | Contact Title |
|---|---|
| STEPHEN J DIGIANFILLIPPO | |

| Street Address | City | State | Zip |
|---|---|---|---|
| 50 PARK ROW WEST, SUITE 111 | PROVIDENCE | RI | 02903- |

**7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE**

FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52

| Manager Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Peter G. Brassard | 35 Bluff Road | Barrington | RI | 02806 |
| | | | | |
| | | | | |

**8. RESIDENT AGENT IN RHODE ISLAND: DO NOT ALTER: Changes require filing of Form 642 - R.I.G.L. 7-16-11**

| Agent Name | Address | City | Zip |
|---|---|---|---|
| STEPHEN J. DIGIANFILIPPO, ESQ. | 50 PARK ROW WEST, SUITE 111 | PROVIDENCE | 02903- |
| Address | | | |
| Vieira & DiGianfilippo Ltd. | | | |

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

[redacted] 1 3 4 1 5 3 [redacted]

*134153 DLLC 0[redacted]05 [redacted]:46 PM*

FILED

*File Date* NOV 04 2005

*Check No.* 1014

*By:* KWC

A81580

FOR SECRETARY OF STATE USE ONLY

[redacted]

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* 10/26/05

Peter G. Brassard, Manager

*Print or Type Name of Authorized Person*

Form 632 Rev. 6/02

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. | 2. Exact name of the limited liability company |
|---|---|
| 134153 | Broadway Medical Treatment Center, LLC |

| 3. State of Formation | 4. Brief description of the character of the business which is actually conducted in Rhode Island |
|---|---|
| RHODE ISLAND | Medical Treatment Center |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| P.O. BOX 824 | BLOCK ISLAND | RI | 02807- |

**6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:**

| Contact Name | Contact Title |
|---|---|
| Stephen J. DiGianfilippo, Esq. | Attorney |

| Street Address | City | State | Zip |
|---|---|---|---|
| 50 Park Row West, Suite 111 | Providence | RI | 02903 |

**7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE**
FILL IN SPACES BEFORE. USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

| Manager Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Peter G. Brasssard | 35 Bluff Road | Barrington | RI | 02806 |
| | | | | |
| | | | | |

| Manager Name | Street Address | City | State | 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 | Address | City | Zip |
|---|---|---|---|
| STEPHEN J. DIGIANFILIPPO, ESQ. | 50 PARK ROW WEST, SUITE 111 | PROVIDENCE | 02903- |

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

[redacted] 1 3 4 1 5 3 [redacted]

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* 10/25/04

[redacted] Peter G. Brassard, Manager

*Print or Type Name of Authorized Person*

*134153 DLLC 09/16/04 04:11:20 PM*
*File Date* 10/28/04
*Check No.* 0305
*By:* [redacted]
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02