



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. 131657		2. Exact name of the limited liability company Wakefield Pediatrics, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PEDIATRIC MEDICAL PRACTICE	
5. Principal office address 46 HOLLEY STREET, SUITE 2		City WAKEFIELD	State RI
		Zip 02879-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name LAUREN NOEL Contact Title .			
Street Address 46 HOLLEY STREET, SUITE 2		City WAKEFIELD	State RI
		Zip 02879-	
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 n/a		Manager Name n/a	
Street Address .		Street Address .	
City .	State .	City .	State .
Zip .		Zip .	
Manager Name n/a		Manager Name n/a	
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 MARGARET HOGAN, ESQ.		Address 344 MAIN STREET, SUITE 200	
Address .		City WAKEFIELD	Zip 02879-

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



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131657 DLLC 09/01/05 03:19:09 PM	
File Date	9/13/05
Check No.	1238
By:	DA
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 9/8/05
LAUREN NOEL
Print or Type Name of Authorized Person



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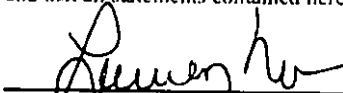
1. ID No. 131657		2. Exact name of the limited liability company Wakefield Pediatrics, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island pediatric medical practice	
5. Principal office address 46 HOLLEY STREET, SUITE 2		City WAKEFIELD	State RI
		Zip 02879-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Lauren Noel, M.D.		Contact Title	
Street Address 46 Holley Street, Suite 2		City Wakefield	State RI
		Zip 02879	
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			
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Address		City WAKEFIELD	Zip 02879-

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



1 3 1 6 5 7

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 9-14-04

Lauren Noel, M.D.
Print or Type Name of Authorized Person

131657 DLLC 09/10/04 12:37:41 PM
File Date 10/15/04
Check No. 0716
By: 
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