

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: Se (FORM MUST BE 1	eptember 1 Evern og vi	- November . Rinten in pr	I ● Filing Fee: \$	50.00	_		_			
1. 110 No. 131657	2. Exact Wake	name of the limited liability company field Pediatrics, LLC								
3 State of Formation		4. Brief description of the character of the business which is actually conducted in Rhode Island								
RHODE ISLAN	1D	PEDIATRIC	MEDICAL PRACTI	CE						
5. Principal office a 46 HOLLEY S		SUITE 2		Cin WAKEFIELD	State R I	Zip 02879-				
6. MAILING AI Contact Name LAUREN NOE)F LIMITED	LIABILITY COMP	ANY AND NAME OR TITLE						
Street Address				City	State	Zip				
46 HOLLEY ST	rreet, s	UITE 2		. WAKEFIELD	RI	02879-				
ANY MODIFICATIONS TO MANAGERS REQUIRI Manager Name n/a Street Address				•Manager Name n/a	n/a					
SOCI ACUTES				*Street Address	*Street Address					
City		State	Zip	·City	State	Zip				
Manager Name n/a		· · · · · · ·	l 	Manager Name n/a	l <i>.</i>		• • • •			
Street Address		-		Street Address						
Cny		State	Zip	City	State	Zip				
8. RESIDENT AG gent_Name	ENT IN RH	ODE ISLANI) -DO NOT ALTER- C	hanges require filing of F	orm 642 - R.I.G.	. I L. 7-16-11				
MARGARET HOGAN, ESQ.				344 MAIN STREE	344 MAIN STREET, SUITE 200					
Address				City						
			WAKEFIELD		02879-					

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



131657	DLLC 09/01/05 p3:19:09 PM					
File Date	9/13/05					
Check No	1238					
B <u>y:</u>	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 thay all statements contained herein are true and correct.

Signifure of Authorized Person Dute

Print or Type Name of Authorized Person



2. Exact name of the limited liability company Wakefield Pediatrics, LLC

pediatric medical practice

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 131657 3. State of Formation

RHODE ISLAND

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, Rf 02903-1335 401.222.3040

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4. Brief description of the character of the husiness which is actually conducted in Rhode Island

5 Principal office addre 46 HOLLEY STRI			Cin WAKEFIELD	State	Zip	
to the territory of the service of	****	LIABILITY COM	PANY AND NAME OR TITLE	RI	02879-	
Contact Nume Lauren Noel,		·· · · · · · · · · · · · · · · · · · ·	Contact Title	A CONTRACT FR		
Street Address	, H.D.		Cin	lė.	To:	
46 Holley Stre	et, Suite 2		<i>Ciy</i> .Wakefiold	State R I	Zip 02879	
7. NAME AND ADD	DRESS OF EACH M	ANAGER OF THE	LIMITED LIABILITY COM	PANY, IF APPLIC.	ABLES PLEM SHIP STATE	
	ful in 8	PACES BEFORE USIN	IG ATTACHMENTS ("X" BOX I	FOR ATTACHMENTS		
Munuger Name		TO MINISTERS REC	UIRES FILING OF AMENDMENT. R.I.G.L 7-18-12 (a) (2) / 7-18-52 • Manager Name			
			•			
Street Address			Street Addises			
City	State	Zip	*City	State	7:-	
			•	Sittle	Zip (; · , ·	
Manager Name			Manager Name	• • • • • • • • • • •	• • • • • • • • • • • • •	
Street Address			Street Address			
City	1900		•			
c.ny	State	Zip	City	State	Zip	
8. RESIDENT AGEN gent_Name	T in Rhode Islan	D-DO NOT ALTER- C	hanges require filing of Fe	orm 642 - R.LGL. 7-	ı sı ı	
MARGARET HOG	AN, ESQ.		344 MAIN STREE	r, SUITE 200		
Address	·		City	City		
			WAKEFIELD		02879-	
his report must be s	signed in ink by an	authorized person	pursuant to 7-16-66.			
			Under penalty of per	jury, I declare and affin	nn that I have examined	
File Dule 10/15 Check No. 07/6	10/04 12:37:41 PM	- -	Signal re of Authorized	I, M.D.	hedules and statements, true and correct. 9-14-04 Date	
OR SECRETARY OF ST	TATE USE ONLY		Print or Type Name of .	Authorized Person	Form 632 Ray 6/02	