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
131657	Wakefield Pediatrics, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	PEDIATRIC MEDICAL PRACTICE

5. Principal office address	City	State	Zip
46 HOLLEY STREET, SUITE 2	WAKEFIELD	RI	02879-

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

Contact Name	Contact Title
LAUREN NOEL	

Street Address	City	State	Zip
46 HOLLEY STREET, SUITE 2	WAKEFIELD	RI	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	Street Address	City	State	Zip
n/a				
n/a				
n/a				

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
MARGARET HOGAN, ESQ.	344 MAIN STREET, SUITE 200	WAKEFIELD	02879-

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

[redacted] 131657 [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.

Lauren h 9/8/05
Signature of Authorized Person *Date*

LAUREN NOEL
Print or Type Name of Authorized Person

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

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
131657	Wakefield Pediatrics, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	pediatric medical practice

5. Principal office address	City	State	Zip
46 HOLLEY STREET, SUITE 2	WAKEFIELD	RI	02879-

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

Contact Name	Contact Title
Lauren Noel, M.D.	

Street Address	City	State	Zip
46 Holley Street, Suite 2	Wakefield	RI	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	Street Address	City	State	Zip
Manager Name	Street Address	City	State	Zip
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
MARGARET HOGAN, ESQ.	344 MAIN STREET, SUITE 200	WAKEFIELD	02879-

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

[redacted] 131657 [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.

Lauren Noel 9-14-04
Signature of Authorized Person *Date*

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: LD
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02