



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 121589		2 Exact name of the limited liability company Nob Creek, LLC	
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP AND OPERATION OF COMMERCIAL REAL ESTATE	
5 Principal office address ONE RANDALL SQUARE		City PROVIDENCE	State RI
		Zip 02906-	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>			
Contact Name NEIL R GREENSPAN		Contact Title MANAGER	
Street Address ONE RANDALL SQUARE		City PROVIDENCE	State RI
		Zip 02904-	
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE</b> 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 NEIL R. GREENSPAN, M.D.		Manager Name DAVID SCHREIBER, M.D.	
Street Address ONE RANDALL SQUARE		Street Address ONE RANDALL SQUARE	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02904		Zip 02904	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
<b>8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11</b>			
Agent Name E. COLBY CAMERON		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.



1 2 1 5 8 9

\*121589 DLLC 09/13/05 11:34:40 AM\*

File Date 9/27/05

Check No 12776

By: [Signature]

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] 9/16/05  
Signature of Authorized Person Date

NEIL R. GREENSPAN, M.D., 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

**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. 121589		2. Exact name of the limited liability company Nob Creek, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP AND OPERATION OF COMMERCIAL REAL ESTATE			
5. Principal office address ONE RANDALL SQUARE		City PROVIDENCE	State RI	Zip 02906-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name NEIL R GREENSPAN		Contact Title MANAGER			
Street Address ONE RANDALL SQUARE		City PROVIDENCE	State RI	Zip 02904-	
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 NEIL R. GREENSPAN, M.D.		Manager Name DAVID SCHREIBER, M.D.			
Street Address ONE RANDALL SQUARE		Street Address ONE RANDALL SQUARE			
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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 E. COLBY CAMERON		Address 56 EXCHANGE TERRACE			
Address		City PROVIDENCE	Zip 02903-		

**FILED**

SEP 10 2004

By KMC  
m 44083

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



1 2 1 5 8 9

\*121589 DLLC 08/31/04 11:34:40 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.

Signature of Authorized Person

Date

NEIL R. GREENSPAN, M.D., MANAGER

Print or Type Name of Authorized Person



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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *121589*		2. Exact name of the limited liability company Endoscopy Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Ownership and operation of commercial real estate	
5. Principal office address ONE RANDALL SQUARE		City PROVIDENCE	State RI Zip 02904-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Neil R. Greenspan, M.D.		Contact Title Manager	
Street Address One Randall Square		City Providence	State RI Zip 02904
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 Neil R. Greenspan, M.D.		Manager Name David Schreiber, M.D.	
Street Address One Randall Square		Street Address One Randall Square	
City Providence	State RI	Zip 02904	City Providence
			State RI
			Zip 02904
Street Address		Street Address	
City	State	Zip	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 E. COLBY CAMERON		Address 56 EXCHANGE TERRACE	
Address		City PROVIDENCE	Zip 02904

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.  
OCT 6 4 06 PM '03

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



\* 1 2 1 5 8 9 \*

\*\*121589\* 10/30/02 1:33:23 PM\*

File Date 10/6/03

Check No. 1054 C 8093

By: KMC

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] 10/3/03  
Signature of Authorized Person Date

Neil R. Greenspan, M.D., Manager  
Print or Type Name of Authorized Person



**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. *121589*		2. Exact name of the limited liability company Endoscopy Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Ownership and operation of commercial real estate	
5. Principal office address ONE RANDALL SQUARE		City PROVIDENCE	State RI
		Zip 02906-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Neil R. Greenspan, M.D.		Contact Title Member	
Street Address One Randal Square		City Providence	State RI
		Zip 02904	
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	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name E. COLBY CAMERON		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.



\*\*121589\* 10/30/02 1:33:23 PM\*

File Date 11-7-02

Check No. 1020

By: AMF

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] 10/31/02  
Signature of Authorized Person Date

Neil R. Greenspan, M.D.  
Print or Type Name of Authorized Person