



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. 92897		2. Exact name of the limited liability company Ophthalmic Equipment Partners, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE & INVEST IN PERSONAL PROPERTY	
5. Principal office address 150 EAST MANNING STREET		City PROVIDENCE	State RI Zip 02906
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ROBERT L BAHR, MD		Contact Title MANAGER	
Street Address 150 EAST MANNING STREET		City PROVIDENCE	State RI Zip 02906 -
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 ROBERT L BAHR, MD		Manager Name NONE	
Street Address 150 EAST MANNING STREET		Street Address	
City PROVIDENCE	State RI	Zip 02906	City State Zip
Manager Name NONE		Manager Name NONE	
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 SARAH T. DOWLING, ESQ.		Address ONE CITIZENS PLAZA, 8TH FLOOR	
Address		City PROVIDENCE	Zip 02903

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



9 2 8 9 7

*92897 DLLC 09/07/05 03:03:24 PM*	
File Date	9/22/05
Check No.	1108 M 77769
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 of Authorized Person  
Date 9/19/05

ROBERT L. BAHR, MD  
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. 92897		2. Exact name of the limited liability company Ophthalmic Equipment Partners, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE & INVEST IN PERSONAL PROPERTY	
5. Principal office address 150 EAST MANNING STREET		City PROVIDENCE	State RI Zip 02906
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ROBERT L BAHR, MD		Contact Title MANAGER	
Street Address 150 EAST MANNING STREET		City PROVIDENCE	State RI Zip 02906-
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 ROBERT L BAHR, MD		Manager Name NONE	
Street Address 150 EAST MANNING STREET		Street Address	
City PROVIDENCE	State RI	Zip 02906	City State Zip
Manager Name NONE		Manager Name NONE	
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 SARAH T. DOWLING, ESQ.		Address 2300 FINANCIAL PLAZA	
Address		City PROVIDENCE	Zip 02903

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



9 2 8 9 7

*92897 DLLC 09/09/04 02:51:28 PM*	
File Date	9-22-04
Check No.	1012
By	RLB
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 9/20/04

ROBERT L. BAHR, MD  
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 2003**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 92897		2. Exact name of the limited liability company Ophthalmic Equipment Partners, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE & INVEST IN PERSONAL PROPERTY	
5. Principal office address 150 EAST MANNING STREET		City PROVIDENCE	State RI
		Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ROBERT L BAHR		Contact Title MANAGER	
Street Address 150 EAST MANNING STREET		City PROVIDENCE	State RI
		Zip 02906 -	
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 ROBERT L BAHR		• Manager Name NONE	
Street Address 150 EAST MANNING STREET		• Street Address .	
City PROVIDENCE	State RI	Zip 02906	• City .
Manager Name NONE		• Manager Name NONE	
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 SARAH T. DOWLING, ESQ.		Address 2300 FINANCIAL PLAZA	
Address .		City PROVIDENCE	Zip 02903

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



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\*92897 DLLC 09/11/03 04:35:27 PM\*

**FILED**

File Date OCT 03 2003

Check No. By m7980

By By m7980

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.

Robert L. Bahr 10/1/03  
Signature of Authorized Person Date  
ROBERT L. BAHR, MD  
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 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *92897*		2. Exact name of the limited liability company Ophthalmic Equipment Partners, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE & INVEST IN REAL AND PERSONAL PROPERTY	
5. Principal office address 150 EAST MANNING STREET		City PROVIDENCE	State RI
		Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ROBERT L BAHR, MD		Contact Title MANAGER	
Street Address 150 EAST MANNING STREET		City PROVIDENCE	State RI
		Zip 02906 -	
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 ROBERT L BAHR, MD		• Manager Name NONE	
Street Address 150 EAST MANNING STREET		• Street Address .	
City PROVIDENCE	State RI	Zip 02906	• City .
Manager Name NONE		• Manager Name NONE	
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 SARAH T. DOWLING, ESQ.		Address 2300 FINANCIAL PLAZA	
Address .		City PROVIDENCE	Zip 02903

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



\* 9 2 8 9 7 \*

*92897 DLLC9/24/0212:07:11 PM*
File Date <u>10-1-02</u>
Check No. <u>366</u>
By: <u>RMF</u>
FOR SECRETARY OF STATE USE ONLY

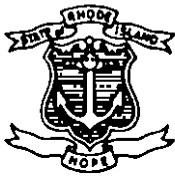
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Robert L. Bahr, MD 9/27/02  
Signature of Authorized Person Date

ROBERT L. BAHR, MD  
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Corporations Division  
100 North Main Street Providence, Rhode Island 02903-1335  
Telephone (401) 222-3040

**LIMITED LIABILITY COMPANY**

ID Number DLLC 92897

Annual Report for the year 2001

1. The name of the limited liability company is:

Ophthalmic Equipment Partners, LLC

2. The address of the principal office of the limited liability company is:

150 East Manning Street, Providence, RI 02906

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: SARAH T. DOWLING, ESQ.

2300 FINANCIAL PLAZA PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 150 East Manning Street, Providence, RI 02906

Attn: Robert L. Bahr, MD

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: to acquire and invest in interests in personal property.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
------	---------

Robert L. Bahr, MD

150 East Manning Street, Providence, RI 02906

Dated 9/4/01



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.

Ophthalmic Equipment Partners, LLC

Exact Name of Limited Liability Company

By Robert L. Bahr

Manager

Title

Form No. 632  
Revised 01/99

FOR SECRETARY OF STATE USE ONLY	
File Date:	<b>FILED</b>
Check No.:	<b>SEP 10 2001</b>
By:	<u>By [Signature]</u>

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Corporations Division  
100 North Main Street Providence, Rhode Island 02903-1335  
Telephone (401) 222-3040

**LIMITED LIABILITY COMPANY**

ID Number DLLC 92897

Annual Report for the year 2000

1. The name of the limited liability company is:

Ophthalmic Equipment Partners, LLC

2. The address of the principal office of the limited liability company is:

150 East Manning Street, Providence, RI 02906

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: SARAH T. DOWLING

ADLER POLLOCK & SHEEHAN 2300 BankBoston Plaza, PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 150 East Manning Street, Providence, RI 02906

Attn: Robert L. Bahr, MD

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To acquire and invest in interests in personal property.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

*Name*

*Address*

Robert L. Bahr, MD

150 East Manning Street, Providence, RI 02906

Dated \_\_\_\_\_



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.

Ophthalmic Equipment Partners, LLC

*Exact Name of Limited Liability Company*

By \_\_\_\_\_

Manager

*Title*

FOR SECRETARY OF STATE USE ONLY  
File Date: OCT 06 2000

Check No. 5035

By: \_\_\_\_\_

Form No. 632  
Revised 01/99

**To be filed annually between  
September 1 and November 1**



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Corporations Division  
100 North Main Street Providence, Rhode Island 02903-1335  
Telephone (401) 222-3040

ID Number LL 92897

Annual Report for the year 1999

1. The name of the limited liability company is: Ophthalmic Equipment Partners, LLC
2. The address of the principal office of the limited liability company is: 150 East Manning Street, Providence, RI 02906
3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
4. The name and address of its resident agent is: SARAH T. DOWLING  
ADLER POLLOCK & SHEEHAN 2300 BANKBOSTON PLAZA, PROVIDENCE, RI 02903
5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 150 East Manning Street, Providence, RI 02906  
Attn: Robert L. Bahr, MD
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To acquire and invest in interests in personal property.
7. If the limited liability company has managers, the name and address of each manager of the limited liability company
- | <i>Name</i>               | <i>Address</i>                                       |
|---------------------------|--|
| <u>Robert L. Bahr, MD</u> | <u>150 East Manning Street, Providence, RI 02906</u> |
| <u></u>                   | <u></u>  |
| <u></u>                   | <u></u>  |

Dated 9-27-99



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.

Ophthalmic Equipment Partners, LLC  
Exact Name of Limited Liability Company

— 66-11872-11 — h-130  
FOR SECRETARY OF STATE USE ONLY  
File Date:

**FILED** By

Check No.: 31415 30 401305 OCT 04 1999 Manager

**Title**

Bv:

By LA 168

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Corporations Division  
100 North Main Street Providence, Rhode Island 02903-1335  
Telephone (401) 222-3040

**LIMITED LIABILITY COMPANY**

ID Number LL 92897

Annual Report for the year 1998

1. The name of the limited liability company is:

Ophthalmic Equipment Partners, LLC

2. The address of the principal office of the limited liability company is:

150 East Manning Street, Providence, RI 02906

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: SARAH T. DOWLING

ADLER POLLOCK & SHEEHAN 2300 BANKBOSTON PLAZA, PROVIDENCE, RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 150 East Manning Street, Providence, RI 02906

Attn: Robert L. Bahr, M.D.

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To acquire and invest in interests in real property

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
------	---------

Robert L. Bahr, M.D.

150 East Manning Street, Providence, RI 02906

Dated October 22, 1998



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.

Ophthalmic Equipment Partners, LLC

Exact Name of Limited Liability Company

By

Manager

Title

FOR SECRETARY OF STATE USE ONLY  
File Date: OCT 22 1998

Check No.: OCT 22 1998

By: [Signature]

Form No. LLC-19  
Revised 8/97

DETACH BOTTOM BEFORE RETURNING