

FOR SECRETARY OF STATE USE ONLY

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: Sep FORM MUST BE TY		- November 1 • RINTED IN BLACK)	Filing Fee: \$50.0	00		
. <i>ID No.</i> 92897	2. Exac	act name of the limited liability company Ithalmic Equipment Partners, LLC				
B. State of Formation		• •		siness which is actually conducted	in Rhode Island	·
RHODE ISLAND	)		EST IN PERSONA			
5. Principal office add 150 EAST MAN		rreet		City PROVIDENCE	State RI	<i>Zip</i> 02906
6. MAILING ADI Contact Name ROBERT L BAH		F LIMITED LIAE	BILITY COMPAN	Y AND NAME OR TITLE Contact Title MANAGER	OF CONTACT PER	RSON:
Sirrei Address L50 EAST MANI	NING SI	REET		City PROVIDENCE	State RI	<i>Zip</i> 02906-
. NAME AND AI		FILL IN SPACES	BEFORE USING A	MITEU LIABILITY COMP TTACHMENTS ("X" BOX F ES FILING OF AMENDMENT. R	OR ATTACHMENT) 🗍	ABLE
fanager Name			***** <u>-</u>	· Manager Name	(", (",	
ROBERT L BAHI	R, MD			NONE		
Street Address		·	<u>.                                    </u>	Street Address		<del> </del>
150 EAST MAN	NING ST			•		
City PROVIDENCE		State RI	Zip	City	State	Zip
Manager Name NONE	• • • •	J	02906	Manager Name NONE		
Street Address				• Street Address		
City	•	State	Zip	City	State	Zip
-				•		
RESIDENT AGE	ENT IN RI	HODE ISLAND -DC	NOT ALTER- Chai	nges require filing of Fo	orm 642 - R I G I 7-	16-11
gent Name				Address		7
SARAH T. DOW	LING. F	SQ.		ONE CITIZENS P	LAZA, STH FLOO	ਸ
Iddress		<del></del> -		City		ip
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			<del></del>	PROVIDENCE		02903
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nis report must b	e signeu	in the by an aut	nortzea person pu	rsuant to 7-16-66.		
		•				rm that I have examined
*92897 DLLC 09	0/07/05 /	12.02.24 D\$4*	٦		g any accompanying so its contained herein ari	chedules and statements,
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File Date 4 2	<u>،جا س</u>		_	1/// 1709	aulm 9	1/19/00
Check No.	38_	<u>M 1116</u>	9	Signature of Authorize	d Person	Date Date
<b>ε.</b> Βγ:	Km	_		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

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LIMITED L	JABIL	ITY CO	OMPANY AND	NUAL REPORT FO	R THE VEA	<b>p</b> 2004	
Filing Period: Sep	tember 1 -	November	Filing Fee: \$50	.00	I THE TEA		
FORM MUST BE TY							
1. ID No.			nited liabilty company				
92897	Ophtha	almic Equip	ment Partners, LLC				
3. State of Formation	7	1. Brief descrip	tion of the character of the	husiness which is actually conducted	in Rhode Island		
RHODE ISLAND TO ACQUIRE & INVEST IN PER				SONAL PROPERTY			
5. Principal office add	fress			City	State	Zip	
150 EAST MAN	NING STE	REET		PROVIDENCE	RI	02906	
6. MAILING ADI	RESS OF	LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE	OF CONTACT PER	SON:	
Contact Name ROBERT L BAHI				Contact Title			
	K, PID			MANAGER		_	
Street Address	IINO COD			City	State	Zip	
150 EAST MANN				• PROVIDENCE	RI	02906-	
7. NAME AND AL	DRESS O	F EACH M	ANAGER OF THE L	IMITED LIABILITY COMP	ANY, IF APPLICA	BLE	
		FILL IN SI	PACES BEFORE USING	ATTACHMENTS ("X" BOX F	OR ATTACHMENT)		
	ANY MOI	DIFICATIONS	TO MANAGERS REQUI	RES FILING OF AMENDMENT. R	.I.G.L 7-16-12 (a) (2) /	7-16-52	
1anager Name				• Manager Name			
ROBERT L BAH	R, MD			NONE			
Street Address				Street Address	<del></del> -		
150 EAST MANN	NING STR	REET		•			
City:	S	Nale	Zip	*City	State	Zip	
PROVIDENCE	F	RI	02906	•			
Manager Name		• • • • •	• • • •! • • • • • • • •	Manager Name			
NONE				NONE			
Street Address				· Sireei Address			
City	S	late	Zip	City	State	Zip	
	1			•		-'	
B. RESIDENT AGE	NT IN RHO	ODE ISLAN	D-DO NOT ALTER- Ch	anges require filing of Fo	rm 642 - R.I.G.I. 7-1	6.11	
gent Name				Address			
SARAH T. DOW	LING, ES	Q.		2300 FINANCIAL PLAZA			
ddress				City			

PROVIDENCE

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



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File Date_	4.22.64		
Check No.	1012		
B <u>y:</u>	Q.		
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

02903

ROBERT L. BAHR, MD

Print or Type Name of Authorized Person



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

LIMITED LI	ABILITY	COMPANS	ANNUAL REPORT	FOD THE V	EAD 2003		
Filing Period: Septe	mber 1 - Novel	nber 1 • Filing	Fee: \$50.00	FOR THE T			
FORM MUST BE TYPE			22. 200.00				
I. ID No.	2. Exact name of the limited liability company						
92897	Ophthalmic:	Equipment Partner	s, LLC				
3. State of Formation	4. Brief	description of the charac	ter of the business which is actually conduc	cted in Rhode Island	<del></del>		
RHODE ISLAND			IN PERSONAL PROPERTY				
5. Principal office addre	rss	_	City	State	Zıp		
150 EAST MANN	ING STREET		PROVIDENCE	RI	02906		
6. MAILING ADDE	RESS OF LIM	TED LIABILITY	COMPANY AND NAME OR TITL	E OF CONTACT I	PERSON:		
Contact Name			Contact Tile				
ROBERT L BAHR			MANAGER				
Street Address			City	State	Zip		
150 EAST MANNI	NG STREET		. PROVIDENCE	RI	02906-		
7. NAME AND ADI	RESS OF EA	CH MANAGER OI	THE LIMITED LIABILITY CO	MPANY, IF APPL	ICARLE		
فلاعداد للكالمان عالجواد	🔪 😁 🦿 FILI	IN SPACES BEFORE	USING ATTACHMENTS ("X" BO.	X FOR ATTACHMENT	) [] a in a season in a result of		
	ANY MODIFICA	TIONS TO MANAGER	S REQUIRES FILING OF AMENDMENT	r. R.I.G.L 7-16-12 (a) (	(2) / 7·16-52		
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ROBERT L BAHR			NONE				
Street Address	·		* Street Address	<del></del>			
150 EAST MANNI	NG STREET		•				
Ciry	State	Zip	*City	State	Zip		
PROVIDENCE	RI	02906	•	J	~ "		
Manager Name			Manager Name				
NONE				NONE			
Street Address			·Street Address	<u></u>			
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City	State	Zip	City	State	Zip		
			•				
8. RESIDENT AGEN	T IN RHODE I	SLAND -DO NOT AL	ER-Changes require filing of	Form 642 - R.I.G.I	7-16-11		
gent Name			Address				
SARAH T. DOWLI	ING, ESQ.		2300 FINANCIA	AL PLAZA			
1ddress	·	<del>-</del>	City		Zip		
			ľ				
			PROVIDENCE	PROVIDENCE 02903			

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



*92897 Dl File Date	LEON 14:35:27 PM*
Check No.	OCT 03 2003
B <u>y:</u>	sy maged
FOR SECRE	TARY 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.

02903

ROBERT L. BAHR, MD

Print or Type Name of Authorized Person



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

					2002		
JABII	LITY CO	MPANY ANI	NUAL REPORT FO	R THE YEA	$R^{2002}$		
tember 1 -	November 1	• Filing Fee: \$5	0.00		<del></del> -		
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	4. Brief descripti	on of the character of the	business which is actually conducted	in Rhode Island			
)							
inss.		<del>-</del> ·	City	State	Zip		
NING ST	REET		PROVIDENCE	RI	02906		
RESS O	F LIMITED J	JABILITY COMPA	NY AND NAME OR TITLE	OF CONTACT PER	SON:		
	·· <del>·····</del>	······································	Contact Title				
R, MD			. MANAGER				
	•	,	City	State	Zip		
ING ST	REET		. PROVIDENCE	RI	02906-		
DRESS (	OF EACH MA	NAGER OF THE	LIMITED LIABILITY COMP	ANY, IF APPLICA	ABLE		
	FILL IN SP.	ACES BEFORE JUSINO	ATTACHMENTS - ("Y" BOX F	OR ATTACHMENT) 🛚	•		
ANY MO	DIFICATIONS	TO MANAGERS REQU	IRES FILING OF AMENDMENT. R	.1.G.L 7-16-12 (a) (2) /	7-16-52	1	
fanager Name			· Manager Name		_		
R, MD			NONE				
_	· · · · · · · · · · · · · · · · · · ·	-	· Street Address	•	<u></u>		
ING ST	REET		•				
	State	Zip	*City	State	Zip		
]	RI	02906		[	J		
			*Manager Name			• • •	
			NONE	NONE			
			·Sircei Address	_			
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NT IN RI	IODE ISLAND	-DO NOT ALTER- CH	anges require filing of Fo	rm 642 - R.I.G.L. 7-	16-11		
			Address				
LING, ES	SQ.		2300 FINANCIAL	PLAZA			
			City Zip		ip .		
			PROVIDENCE		•		
	PED OR PR  2 Exact Ophth  OPHTHE ST  OPHTHE	PED OR PRINTED IN BLAG  2 Exact name of the limi Ophthalmic Equipm  4. Brief descripti TO ACQUIRE  PER OF LIMITED IN  R, MD  PER OF EACH MARK PRINTED IN SP.  ANY MODIFICATIONS  State RI  State RI  State RI	PED OR PRINTED IN BLACK)  2 Exact name of the limited liability company Ophthalmic Equipment Partners, LLC  4. Brief description of the character of the TO ACQUIRE & INVEST IN RE  PERSS OF LIMITED LIABILITY COMPA  R, MD  ING STREET  DRESS OF EACH MANAGER OF THE IS OFFILL INSPACES BEFORE USING ANY MODIFICATIONS TO MANAGERS REQU  R, MD  State  State  RI  State  Zip 02906  State  Zip 02906	PED OR PRINTED IN BLACK)  2 Exact name of the limited liability company Ophthalmic Equipment Partners, LLC  4. Brief description of the character of the business which is actually conducted TO ACQUIRE & INVEST IN REAL AND PERSONAL PROPERT  PROVIDENCE  ORESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE Contact Title MANAGER  City FILL IN-SPACES BEFORE USING ATTACHMENTS - ("Y" BOX F' ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R  ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R  Manager Name NONE  Street Address  State State Zip City RI O2906  Manager Name NONE  Street Address  City  City  NT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Fo Address 2300 FINANCIAL City	PED OR PRINTED IN BLACK)  2 Exact name of the limited liability company Ophthalmic Equipment Partners, LLC  4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE & INVEST IN REAL AND PERSONAL PROPERTY  TO ACQUIRE & INVEST IN REAL AND PERSONAL PROPERTY  TO ACQUIRE & INVEST IN REAL AND PERSONAL PROPERTY  PROVIDENCE  RI  PROVIDENCE  RI  DRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PER Contact Title MANAGER  City  State  PROVIDENCE  RI  DRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY. IF APPLICA  FILL INSPACES BEFORE USING ATTACHMENTS - ""Y BOX FOR ATTACHMENTS    ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) /  Manager Name  NONE  Street Address  State  NONE  Street Address  State  NONE  Street Address  State  NONE  Street Address  LING, ESQ.  Zip  City  State  NT IN RHODE ISLAND -DO NOT ALTER- Changes  require filing of Form 642 - R.I.G.L. 7-  Address  2300 FINANCIAL PLAZA  City  Zip  Zip  Zip  City  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	2 Exact name of the limited liability company	

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



*92897 DL	LC9/24/0212:07:11 PM*		
File Date	10-1-02		
Check No.	346		
Ву;	KMF		
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

ROBERT L. BAHR, MD

Print or Type Name of Authorized Person

Filing Fee: \$50.00

By:

To be filed annually between September 1 and November 1

**⊕** >> 5

Revised 01/99



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 compar	ny is:				
	Ophthalmic Equipment Partners, LLC					
2.	The address of the principal office of th					
3.	150 East Manning Street, Providence, RI 02906  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					
<b>5</b> . ִ	The current mailing address of the limited liability company and the name or title of a person to whom communication may be directed are:  150 East Manning Street, Providence, RI 02906					
	state: to acquire and invest i	Robert L. Bahr, MD  the business in which the limited liability company is actually engaged in this in interests in personal property.  agers, the name and address of each manager of the limited liability company Address				
	Robert L. Bahr, MD	150 East Manning Street, Providence, RI 02906				
Da	9 2 8 9 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.  Ophthalmic Equipment Partners, LLC  Exact Name of Limited Liability Company				
	FOR SECRETARY OF STATE USE ONLY Date: FILED	By Manager Manager				
_HC	SEP 1.0 2001	Title Form No. 632				

DETACH BOTTOM BEFORE RETURNING

Filing Fee: \$50.00

Check No.OCT 0 6 2000

By:

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	y is:		
	Ophthalmic Equipment Partners, LLC			
2.	limited liability company is:			
	150 East Manning Street, Pro	ovidence, 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 ag	gentis: SARAH T. DOWLING		
	ADLER POLLOCK & SHEEHAN 2300 I	BankBoston Plaza, PROVIDENCE RI 02903		
5.	The current mailing address of the limite	ed liability company and the name or title of a person to whom communication		
	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 the			
	state: To acquire and invest in	n interests in personal property.		
7.	If the limited liability company has mana Name	gers, the name and address of each manager of the limited liability company  *Address*		
	Robert L. Bahr, MD	150 East Manning Street, PRovidence, RI 02906		
Da	ted	Under penalty of perjury, I declare and affirm that I have examined the report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  Ophthalmic Equipment Partners, LLC		
	92897	Exact Name of Limited Liability Company		
File	FOR SECRETARY OF STATE USE ONLY Date:	By Robust Bull		

Manager

Title

Form No. 632

Revised 01/99

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

	LIMI	TEU LIABILITY COMPANY			
ID	Number <u>LL 92897</u>	Annual Report for the year 1999	<u>.                                    </u>		
1.	The name of the limited liability company is:  Ophthalmic Equipment Partners, LLC				
2.					
3. 4.	The state or other jurisdiction under the laws of which it is formed is <a href="RHODE ISLAND">RHODE ISLAND</a> The name and address of its resident agent is: <a href="SARAH T. DOWLING">SARAH T. DOWLING</a> ADLER POLLOCK & SHEEHAN 2300 BANKBOSTON PLAZA, PROVIDENCE RI 02903				
5.					
6. 7.	state: To acquire and invest in in	usiness in which the limited liability company is actuall terests in personal property.  the name and address of each manager of the limited Address  150 East Manning Street, Providence, RI	liability company		
	OR SECTION OF STATE USE ONLY FILED		statements and		
y:	OBAIBOBB By Ce 168	Title	Form No. 632 Revised 01/99		

Revised 8/97



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 <u>LL 92897</u>	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 li	imited 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 age	nt is: SARAH T. DOWLING		
	ADLER POLLOCK & SHEEHAN 2300 : BA	ANKBOSTON PLAZA, PROVIDENCE, RI 02903		
5.		mited liability company and the name or title of a person to whom		
	communications may be directed are:	50 East Manning Street, Providence, RI 02906		
	A	ttn: Robert L. Bahr, M.D.		
7.	<ul> <li>A brief statement of the character of the business in which the limited liability company is actually engaged in t state: To acquire and invest in interests in real property</li> <li>If the limited liability company has managers, the name and address of each manager of the limited liability company has managers.</li> </ul>			
	Robert L. Bahr. M.D.	150 East Manning Street, Providence, RI 02906		
Dat	ed 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		
File I	FOR SECRETARY OF STATE USE ONLY Date:	Exact Name of Limited Liability Company		
	k No.: OCT 2 2 1998	By lehrthbur		
Ву:	109	Manager '		
		Form No. 11 C.19		

DETACH BOTTOM BEFORE RETURNING