



# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

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

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. <b>136975</b>		2. Exact name of the limited liability company <b>South County Wellness Group, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>A PRIVATE PRACTICE PROVIDING PSYCHIATRIC MEDICATION, MONITORING, THERAPY AND PSYCHIATRIC EVALUATIONS</b>	
5. Principal office address <b>1130 TEN ROD RD SUITE C-302</b>		City <b>North Kingstown</b>	State <b>RI</b>
		Zip <b>02852</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>1130 TEN ROD RD SUITE C-302</b>		Contact Title <b>PRESIDENT</b>	
Street Address <b>Cathy L Kennedy</b>		City <b>North Kingstown</b>	State <b>RI</b>
		Zip <b>02852</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <b>NONE</b>		Manager Name <b>NONE</b>	
Street Address <b>Suite 302</b>		Street Address <b>NONE</b>	
City <b>RI</b>	State <b>RI</b>	City <b>NONE</b>	Zip <b>NONE</b>
Manager Name <b>NONE</b>		Manager Name <b>NONE</b>	
Street Address <b>NONE</b>		Street Address <b>NONE</b>	
City <b>NONE</b>	State <b>NONE</b>	City <b>NONE</b>	Zip <b>NONE</b>
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>CATHY L. KENNEDY, MSN, RNCS</b>		Address <b>NONE</b>	
Address <b>30 IVY GARDEN WAY 1130 TEN ROD RD SUITE E 302</b>		City <b>EAST GREENWICH North Kingstown</b>	Zip <b>02818 02852</b>

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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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.

Cathy L Kennedy 9/18/07  
Signature of Authorized Person Date

Cathy L Kennedy  
Print or Type Name of Authorized Person

<b>FILED</b>	
File Date	<u>OCT 01 2007</u>
Check No.	<u>1894</u>
By:	<u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY	