



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* 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. 159734		2. Exact name of the limited liability company The Rhode Island Center for Patient Safety, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Health care delivery systems consultant.			
5. Principal office address 235 Promenade Street, Suite 500		City Providence	State RI	Zip 02908	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name H. John Keimig		Contact Title Member Representative			
Street Address 235 Promenade Street, Suite 500		City Providence	State RI	Zip 02908	
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 Charles Eaton, MD, MS		Manager Name Fredric Christian, MD			
Street Address 111 Brewster Street		Street Address 2 Dudley Street, Suite 360			
City Pawtucket	State RI	Zip 02860	City Providence	State RI	Zip 02905
Manager Name Allan Tear		Manager Name Augustine Manocchia, MD			
Street Address One West Exchange Street		Street Address 1 Empire Plaza			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

159734

FILED

File Date	OCT 06 2011
Check No. By	<i>[Signature]</i>
By:	015181
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]* 9/29/2011  
Signature of Authorized Person Date  
H. John Keimig  
Print or Type Name of Authorized Person