RI SOS Filing Number: 200701349880 Date: 10/16/2007 4:00 PM

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 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.	2. Exact name of the limited liability company
155666	HSS - Health Scan Solutions, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	Data capturing

5. Principal office address	City	State	Zip
2130 Mendon Road, Suite 3-135	Cumberland	Rhode Island	02864

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Michael Manocchia	

Street Address	City	State	Zip
14 Valley Stream Drive	Cumberland	Rhode Island	02864

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Michael Manocchia	14 Valley Stream Drive	Cumberland	Rhode Island	02864

Manager Name	Street Address	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	Address	City	Zip
Michael Manocchia	14 Valley Stream Drive	Cumberland	02864

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

155666

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.

10-12-2007
Signature of Authorized Person *Date*

Michael Manocchia
Print or Type Name of Authorized Person

FILED
File Date OCT 16 2007
Check No. 039632
By:
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07

14671-2-190223