



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

A. Ralph Molis, 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. 149670		2. Exact name of the limited liability company Achieve Healthcare Information Systems LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island INSTALLATION, IMPLEMENTATION, TRAINING AND OTHER TECHNICAL SERVICES	
5. Principal office address 7690 Golden Triangle Drive		City Eden Prairie	State MN
		Zip 55344	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Renee McLain		Contact Title Controller	
Street Address 7690 Golden Triangle Drive		City Eden Prairie	State MN
		Zip 55344	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY. NON-REMICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (X BOX FOR ATTACHMENT) ☐			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name NATIONAL REGISTERED AGENTS, INC.		Address	
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02888-

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

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.

Renee McLain 10/15/07
Signature of Authorized Person Date
Renee McLain, Controller
Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 22 2007
By	1980
FOR SECRETARY OF STATE USE ONLY	