

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, Rt 02004-2615
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.

I ID No.	2. Exact name of the limited	2. Exact name of the limited liability company					
122475	SAFE HARBOR CL	FE HARBOR CLINICAL RESEARCH, LLC					
3. State of Formation 4. Brief description of the character of the business wh			iness which is actually conducted in Rhode Isla	and			
RHODE ISLAND	MEDICAL RE	SEARCH					
5. Principal office address			City	State	Zip		
450 VETERANS MEMORIAL PARKWAY			EAST PROVIDENCE	RI	02914		
6. MAILING ADDRES	SS OF LIMITED LIABIL	ITY COMPANY AND	NAME OR TITLE OF CONTACT PE	RSON:	•		
Contact Name   RONALD M. GILMAN			Contact Title	: Contact Title			
Street Address					-		
450 VETERANS MEMORIAL PARKWAY			EAST PROVIDENCE	State	Zip		
			:	RI	02914		
7. NAME AND ADDE	ESS OF EACH MANAG	ER OF THE LIMITED	LIABILITY COMPANY, IF APPLICA	ABLE - <u>DO N</u>	OT LIST MEMBERS		
	FILL IN S	PACES BEFORE USIN	GATTACHMENTS ("X" BOX FOR A	TTACHMENT)			
Manager Name	Manager Name			Manager Name			
N							
Street Address			Street Address	Street Address			
City	State	79.5		· · · · · · · · · · · · · · · · · · ·			
O.E.	sime	Zip	Сиу	State	Zip		
Manager Name			Afen agen No.				
6			munager vame	Manager Name			
Street Address			Street Address	Street Address			
			00 100 1100 055				
City	State	Zip	City	State	Zip		
Principal de la companya de la comp					1 .		
8. RESIDENT AGENT	IN RHODE ISLAND	DO NOT ALTER - Ch	anges require filing of Form 642	R.1,G.L. 7-1	6.11		
Agent Name			Address				
JAMES J. MULLEI	V, ESQ.		55 LAFAYETTE DRIVE	55 LAFAYETTE DRIVE			
Address			City	Zip			
			BRISTOL		02809		

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

122475

Flle Date	
File Date	
Check No.	
Check No. 100 2	
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FOR SECRETARY OF	CONTRACTOR THOUSANTERS
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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.

Signature of Authorized Person

Date

LINDA M. CANNISTRA

Print or Type Name of Authorized Person