



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 02901-2615
(401) 222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

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. 000419207		2. Exact name of the limited liability company THE CLINICAL RESOURCES NETWORK, LLC			
3. State of Formation NEW YORK		4. Brief description of the character of the business which is actually conducted in Rhode Island TEMPORARY STAFFING			
5. Principal office address 260 MADISON AVE - 3 RD FL		City NEW YORK	State NEW YORK	Zip 10016	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ERIC M. DAVIS			Contact Title CFO		
Street Address 260 MADISON AVE		City NEW YORK	State NEW YORK	Zip 10016	
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 LLOYD B. SOLOMON			Manager Name SCOTT PAGE		
Street Address 260 MADISON AVE		Street Address 260 MADISON AVE			
City NEW YORK	State NEW YORK	Zip 10016	City NEW YORK	State NEW YORK	Zip 10016
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
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).

000419207

File Date	FILED
Check No.	OCT 15 2009
By:	94549
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.

 10/9/09
Signature of Authorized Person Date

ERIC M. DAVIS (CFO)

Print or Type Name of Authorized Person