



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 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. <u>126837</u>		2. Exact name of the limited liability company <u>PRECISE SOLUTIONS, LLC</u>	
3. State of Formation <u>DELAWARE</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>HEALTHCARE CONSULTING</u>	
5. Principal office address <u>1275 DRUMMERS LANE, SUITE 200</u>		City <u>WAYNE</u>	State <u>PA</u>
		Zip <u>19087</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>DAVID SHERMAN</u>		Contact Title <u>STAFF ACCOUNTANT</u>	
Street Address <u>1275 DRUMMERS LANE, SUITE 200</u>		City <u>WAYNE</u>	State <u>PA</u>
		Zip <u>19087</u>	
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) <input type="checkbox"/>			
Manager Name <u>JAMES MATAS</u>		Manager Name <u>ROB HEALY</u>	
Street Address <u>79 WILLIAMS ROAD</u>		Street Address <u>1929 BLACK ROCK LANE</u>	
City <u>HAMPSHIRE</u>	State <u>PA</u>	City <u>PADLI</u>	State <u>PA</u>
Zip <u>19041</u>		Zip <u>19301</u>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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).

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

JAMES MATAS
Print or Type Name of Authorized Person

File Date	<u>11-12-09</u>
Check No.	<u>7518</u>
By:	<u>MMC</u>
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