

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filling Period: January 1 - March 1 - Filling Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&rd)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 112202	2. Name of Con Clinical Re	2. Name of Corporation Clinical Research Centers International, Ltd.				
3. Street Address Principal Business Office 108 Driftwood Drive			City Tiverton	State RI	Zip 02878	
4. Business Phone No. 5. State of Incorporation Rhode Island						
6. Brief Description of the Character To provide Clinical Phan	cter of Business Condu macological Cons	cied in Rhode Island sulting	- 		,	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Walter A. Brown			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Walter A. Brown			
Street Address 108 Driftwood Drive			Street Address 108 Driftwood Drive			
City Tiverton	State RI	^{Zip} 02878	City Tiverton	State RI	^{Zip} 02878	
Secretary Name Walter A. Brown			Treasurer Name Walter A. Brown			
Street Address 108 Driftwood Drive			Street Address 108 Driftwood Drive			
City Tiverton	State RI	^{Ζφ} 02878	City Tiverton	State RI	<i>Ztp</i> 02878	
8. NAMES AND ADDRESS Director Name Walter A. Brown	SES OF THE DIRI	ECTORS: ("X" BOX FOR AT	TACHMENT) T FILL I	N SPACES BEFORE USIN	G ATTACHMENTS	
Street Address			Street Address			
108 Driftwood Drive	State	Zip	City	State	Zip	
Tiverton	RI	02878		Jan	i i i	
Director Name		Director Name				
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED	» ¹	ı	-	 	· —	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			200	Common	No Par Value	
This raport must be avon	ted on behalf of t	ha companying by an authoria	d management in the life than			
		he corporation by an authorize e corporation by the receiver		corporation is in the hand	is of a receiver or trustee,	
File Date 2-80	-2010		including any ac		that I have examined this report atements, and that all statement	
Check No			Signature Date Date			
By:	mne		Print or Type Nan			
			President			

Title