



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

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.

**ANNUAL REPORT YEAR:** 2011

**1. ID No.** 000543933

**2. Exact Name of the Limited Liability Company** Harris Patriot Healthcare Solutions, LLC

**3. State of Formation**

State: PA

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

No physical presence, have customer in RI.

**5. Principal Office Address**

No. and Street: 1150 FIRST AVENUE, SUITE 910

City or Town: KING OF PRUSSIA State: PA Zip: 19406 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: CATHY OAKHILL Contact Title: TAX ANALYST

No. and Street: 1025 W. NASA BLVD.

MS: A-12A

City or Town: MELBOURNE State: FL Zip: 32919 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	CHARLES J GREENE	1025 WEST NASA BOULEVARD MELBOURNE, FL 32919 USA
MANAGER	LEWIS A SCHWARTZ	1025 W. NASA BLVD. MELBOURNE, FL 32919 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**

**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

**Signed this 29 Day of August, 2011 at 3:40:46 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By CATHY OAKHILL  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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