



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

No Fee

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

**Foreign Limited Liability Company  
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2011

**1. ID No.** 000551412

**2. Exact Name of the Limited Liability Company** SLEEP MANAGEMENT SOLUTIONS, LLC

**3. State of Formation**

State: WV

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

SLEEP THERAPY SERVICES, SLEEP LAB TESTING AND HOME SLEEP STUDIES

**5. Principal Office Address**

No. and Street: 3 HUNTINGTON QUADRANGLE  
SUITE 200S

City or Town: MELVILLE State: NY Zip: 11747 Country: USA

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

Contact Name: Contact Title:

No. and Street: 3 HUNTINGTON QUADRANGLE  
SUITE 200S

City or Town: MELVILLE State: NY Zip: 11747 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	CARECENTRIX INC.	3 HUNTINGTON QUADRANGLE STE.200S MELVILLE, NY 11747 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 10 WEYBOSSET STREET PROVIDENCE , RI 02903

**Signed this 20 Day of September, 2011 at 11:27:43 AM 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 TOM BOELSEN  
Signature of Authorized Person

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Form No. 632  
Revised 09/07

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# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly  
executed in accordance with the provisions of Title 7 of the General Laws  
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

*Secretary of State*

