



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. 000504586

2. Exact Name of the Limited Liability Company EHRAdoption LLC

3. State of Formation

State: RI

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

Research and consulting in supporting the adoption of the electronic record among small community based physician groups.

5. Principal Office Address

No. and Street: 127 CREST AVENUE

City or Town: WAKEFIELD

State: RI

Zip: 02879

Country: USA

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

Contact Name: RICK DANIELS Contact Title:

No. and Street: 127 CREST AVENUE

City or Town: WAKEFIELD

State: RI

Zip: 02879

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	RICK DANIELS PH.D.	127 CREST AVENUE WAKEFIELD, RI 02879 USA
MANAGER	LINDA CRAFTS PH.D.	31404 SOUTH TWIN ROCKS ROAD MOLALLA, OR 97038 USA
MANAGER	BARB HAAG-HEITMAN PH.D.	551 EAST LAKE HILL CT. WHITEFISH BAY, WI 53217 USA
MANAGER	JEREMY SHAPIRO PH.D.	523 WEST 121ST STREET #21 NEW YORK, NY 10027 USA
MANAGER	RICK DANIELS	

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

DR. RICK DANIELS 127 CREST AVENUE WAKEFIELD , RI 02879

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

Signed this 7 Day of October, 2011 at 12:09:38 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 R. DANIELS, PH.D.
Signature of Authorized Person

Form No. 632
Revised 09/07

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