



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 2011

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. 554370		2. Exact name of the limited liability company PRIME BIOMEDICAL CONSULTING, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island BIOMEDICAL CONSULTING	
5. Principal office address 18 MAPLE AVE, #105		City BARRINGTON	State RI
		Zip 02806	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CYAN PAREEK		Contact Title CEO	
Street Address 18 MAPLE AVE		City BARRINGTON	State RI
		Zip 02806	
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 CYAN PAREEK		Manager Name JOSEPH PENZELLI	
Street Address 18 MAPLE AVE, #105		Street Address 18 MAPLE AVE, #105	
City BARRINGTON	State RI	City BARRINGTON	State RI
Zip 02806		Zip 02806	
Manager Name GREG MCILURIC		Manager Name GEORGE HALEBLIAN	
Street Address 18 MAPLE AVE, #105		Street Address 18 MAPLE AVE, #105	
City BARRINGTON	State RI	City BARRINGTON	State RI
Zip 02806		Zip 02806	
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).

FILED
OCT 31 2011
File Date
Check No. **117**
By: **[Signature]**
FOR SECRETARY OF STATE USE ONLY

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] 10/25/11
Signature of Authorized Person Date
CYAN PAREEK
Print or Type Name of Authorized Person