



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

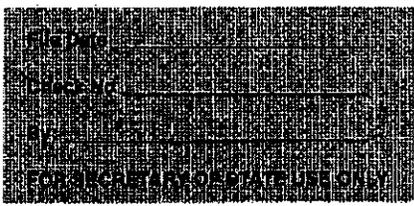
Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000557842		2. Exact name of the Corporation Source Healthcare Analytics, Inc.			
3. Principal office address 2700 Lake Cook Road			City Riverwoods	State IL	Zip 60015
4. Business Phone No. 847-580-5045		5. State of Incorporation DE			
6. Brief description of the character of business conducted in Rhode Island Provider of information for pharma industry.					
OFFICERS AND DIRECTORS					
President Name Robert Becker			Vice-President Name Richard J. Parker		
Street Address 2001 Market Street			Street Address 2700 Lake Cook Road		
City Philadelphia	State PA	Zip 19103	City Riverwoods	State IL	Zip 60015
Secretary Name Deidra D. Gold			Treasurer Name Susan Yules		
Street Address 2700 Lake Cook Road			Street Address 2001 Market Street		
City Riverwoods	State IL	Zip 60015	City Philadelphia	State PA	Zip 19103
ADDITIONAL OFFICERS (NAME AND ADDRESS) (CHECK ONE) <input type="checkbox"/>					
Director Name Robert Becker			Director Name		
Street Address 2001 Market Street			Street Address		
City Philadelphia	State PA	Zip 19103	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
SHARES ISSUED (CHECK ONE) <input type="checkbox"/>					
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
			500	Common	1.00

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 SECRETARY OF STATE
 CORPORATIONS DIV
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This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.



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.

Peter F. Healy 06/03/2013
 Signature of Authorized Representative Date
 Peter F. Healy VP
 Print or Type Name of Authorized Representative

FILED^M

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