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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the limited liability company		
000683534	Allscripts Healthcare, LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
N.C.	Healthcare Information Technology		
5. Principal office address	City	State	Zip
8529 Six Forks Rd	Raleigh	NC	27615

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Sandy Gilliam	Paralegal		
Street Address	City	State	Zip
19431 Caney Ave	Carson	CA	90746

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
Dennis Olis			Richard Poulton		
Street Address			Street Address		
222 Merchandise Mart Plaza, Suite 2024			222 Merchandise Mart Plaza, Suite 2024		
City	State	Zip	City	State	Zip
Chicago	IL	60654	Chicago	IL	60654
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

2014 AUG 29 PM 1:49
SECRETARY OF STATE

AUG 29 2014
By 231338
A.A. 1:51p.m.

File Date _____
Check No _____
By: _____
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 of Authorized Person — Date

Richard Poulton
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

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