



**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:** 2014

**1. ID No.** 000794526

**2. Exact Name of the Limited Liability Company** AmazingCharts.com, LLC

**3. State of Formation**

State: RI

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

continuing education and electronic health records for medical professionals

**5. Principal Office Address**

No. and Street: 650 TEN ROD ROAD, SUITE 12

City or Town: NORTH KINGSTOWN

State: RI

Zip: 02852

Country: USA

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

Contact Name: CHRISTOPHER R. SMITH Contact Title: ATTORNEY

No. and Street: ONE PORTLAND SQUARE

P.O. BOX 586

City or Town: PORTLAND

State: ME

Zip: 04112-0586

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	JOHN J. MOONEY	111 HUNTINGTON AVENUE, 4TH FLOOR BOSTON, MA 02199 USA
MANAGER	PAUL G. CLANCY	121 FREE STREET, P.O. BOX 7437 PORTLAND, ME 04112-7437 USA
MANAGER	ROBERT MACGREGOR	110 COCHRANE DRIVE, UNIT 1 MARKHAM, ON L3R 9S1 CAN
MANAGER	OAKLEY DYER	121 FREE STREET, P.O. BOX 7437 PORTLAND, ME 04112-7437 USA

MANAGER

THEODORE R. WIRTH

121 FREE STREET, P.O. BOX 7437  
PORTLAND, ME 04112-7437 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 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

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

**Signed this 24 Day of September, 2014 at 2:25:36 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 MELINDA P. SHAIN  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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