

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 2014

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.

Manager Name Street Address City State Zip City State Zip City State Zip State Zip	1. Entity ID No.	2. Exact nai	2. Exact name of the limited liability company SAFE HARBOR CLINICAL RESEARCH, LLC								
RHODE ISLAND MEDICAL RESEARCH 5. Principal office address 450 VETERANS MEMORIAL PARKWAY EAST PROVIDENCE RI 02914 6. MAILING ADDRESS OF LIMITED LABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name RONALD M. GILMAN Street Address 450 VETERANS MEMORIAL PARKWAY City EAST PROVIDENCE RI 02914 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) Manager Name Street Address City State Zip City State Zip City State Zip Manager Name Street Address City State Zip RI Zip Manager Name Street Address City State Zip Street Address City State Zip RI Zip RI Zip Manager Name	122475	SAFE H									
Street Address	3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island								
Contact Name RONALD M. GILMAN Street Address 450 VETERANS MEMORIAL PARKWAY City EAST PROVIDENCE RI City EAST PROVIDENC	RHODE ISLAND	MEDICA	MEDICAL RESEARCH								
Contact Name RONALD M. GILMAN Street Address 450 VETERANS MEMORIAL PARKWAY City EAST PROVIDENCE RI City EAST PROVIDENC						Zip 02914					
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Street Address City State Zip City State Zip Manager Name Manager Name Street Address City State Zip Manager Name Street Address City State Zip Address City State Zip Street Address City State Zip Resident in Rhode Island			PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF APP	LICABLE - <u>DO</u>	ijos (Elsakeliniae).					
City State Zip City State Zip Manager Name Manager Name Street Address City State Zip City State Zip City State Zip R. RESIDENT AGENT IN RHODE ISLAND	Manager Name			Manager Name	Manager Name						
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Street Address Street Address City State Zip City State Zip State Zip State Zip	City	State	Zip	City	State	Zip					
City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND	Manager Name			Manager Name							
R RESIDENT AGENT IN RHODE IS AND	Street Address			Street Address							
	City	State	Zip	City	State	Zip					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	8. RESIDENT AGENT IN RI	HODE ISLAND									
	This information is current	tly of record in th	e Office of the Sec	retary of State. Changes require filing	Form 642.	·					

FILED

OCT-0 1 2014

File Date
Check No
By:

FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012

Under pena	alty_ø ⊈ perju	ry, I declare ny accompa contained l	and affirm	that I have	examined
this report,	including a	ny accompa	inying sch	edules and	statements,
and that all	statemente	contained I	erein are	trué and co	rrect.

Signature of Authorized Person

Date

LINDA M. CANNISTRA

Print or Type Name of Authorized Person