



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: 2015

1. ID No. 000697831

2. Exact Name of the Limited Liability Company Clinical Resources, LLC

3. State of Formation

State: GA

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

Healthcare staffing

5. Principal Office Address

No. and Street: 3338 PEACHTREE RD NE  
STE102

City or Town: ATLANTA State: GA Zip: 30326 Country: USA

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

Contact Name: Contact Title:

No. and Street: 3338 PEACHTREE RD NE  
SUITE 102

City or Town: ATLANTA State: GA Zip: 30326 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	SADIE KULLA	3338 PEACHTREE RD NE, STE 102 ATLANTA, GA 30326 USA
MANAGER	JENNIFER SCULLY	3338 PEACHTREE RD NE, STE102 ATLANTA, GA 30326 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

INCORP SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

**Signed this 18 Day of September, 2015 at 11:30:02 AM 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 JENNIFER SCULLY  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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