RI SOS Filing Number: 201582516420 Date: 10/16/2015 2:16 PM

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. 000796276

2. Exact Name of the Limited Liability Company DBC Pri-Med, LLC

3. State of Formation

State: DE

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

communication and education platform for science and medicine

5. Principal Office Address

No. and Street: 111 HUNTINGTON AVENUE, 4TH FLOOR
City or Town: BOSTON State: MA Zip: 02199 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	OAKLEY DYER	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	JOHN J. MOONEY	111 HUNTINGTON AVENUE, 4TH FLOOR BOSTON, MA 02199 USA
MANAGER	KATHRYN D. WILLING	121 FREE STREET, P.O. BOX 7437 PORTLAND, ME 04112-7437 USA

MANAGER	THEODORE 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 16 Day of October, 2015 at 2:20:20 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