



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 2015

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. <u>165780</u>		2. Exact name of the limited liability company <u>ARCADIA SOLUTIONS, LLC</u>			
3. State of Formation <u>DELAWARE</u>		4. Brief description of the character of business conducted in Rhode Island <u>Consulting to the Healthcare Industry</u>			
5. Principal office address <u>20 Blanchard Rd, Ste 10</u>		City <u>Burlington</u>	State <u>MA</u>	Zip <u>01803</u>	
Contact Name <u>Meredith Caggiano</u>		Contact Title <u>VP - Finance & Admin.</u>			
Street Address <u>20 Blanchard Rd, Ste 10</u>		City <u>Burlington</u>	State <u>MA</u>	Zip <u>01803</u>	
7. LIST ALL MANAGERS (PARTS AND WHOLESALE) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS. (SEE BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>Sean Carroll</u>		Manager Name			
Street Address <u>20 Blanchard Rd, Ste 10</u>		Street Address			
City <u>Burlington</u>	State <u>MA</u>	Zip <u>01803</u>	City	State	Zip
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.

FILED

OCT 20 2015

By

KL 258914
7.15

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

Meredith Caggiano
Print or Type Name of Authorized Person

10/15/15

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