



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. 137800		2. Exact name of the limited liability company Epimer, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Research			
5. Principal office address 1 Valleyview Drive		City North Smithfield		State RI	Zip 02896
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Satya Reddy, M.D.			Contact Title		
Street Address 1 Valleyview Drive		City North Smithfield		State RI	Zip 02896
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Satya Reddy, M.D.			Manager Name		
Street Address 1 Valleyview Drive			Street Address		
City North Smithfield	State RI	Zip 02896	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.					

11:36 Am

FILED

DEC 21 2015

By 263778

KM

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

GSR
Signature of Authorized Person

12/10/15
Date

Satya Reddy, M.D.

Print or Type Name of Authorized Person