



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. <b>000794333</b>		2. Exact name of the limited liability company <b>OCCUPATIONAL DRUG TESTING, LLC</b>			
3. State of Formation <b>NH</b>		4. Brief description of the character of business conducted in Rhode Island <b>SUBSTANCE ABUSE PROGRAM ADMINISTRATION</b>			
5. Principal office address <b>340 HARVEY ROAD</b>		City <b>MANCHESTER</b>	State <b>NH</b>	Zip <b>03103</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>KRISTINE QUINTAL</b>		Contact Title <b>PRESIDENT</b>			
Street Address <b>340 HARVEY ROAD</b>		City <b>MANCHESTER</b>	State <b>NH</b>	Zip <b>03103</b>	
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>PST, INC</b>		Manager Name			
Street Address <b>340 HARVEY ROAD</b>		Street Address			
City <b>MANCHESTER</b>	State <b>NH</b>	Zip <b>03103</b>	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**

APR 26 2016

By

272990  
A.A. 11.16 A.M.

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.

Signature of Authorized Person

**JOHN QUINTAL**

Print or Type Name of Authorized Person

03/16/2016

Date