



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 **2016**

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. 001657376		2. Exact name of the limited liability company eClnicalWorks, LLC			
3. State of Formation MA		4. Brief description of the character of business conducted in Rhode Island Healthcare			
5. Principal office address 2 Technology Drive		City Westborough	State MA	Zip 01581	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Mark Speyer		Contact Title Corporate Controller			
Street Address 2 Technology Drive		City Westborough	State MA	Zip 01581	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (*X BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Asharani Navani		Manager Name Rajesh Dharampuriya			
Street Address 2 Technology Drive		Street Address 2 Technology Drive			
City Westborough	State MA	Zip 01581	City Westborough	State MA	Zip 01581
Manager Name Radhi Navani		Manager Name			
Street Address 2 Technology Drive		Street Address			
City Westborough	State MA	Zip 01581	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

SEP 14 2016

By

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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.

Radhi Navano

3/14/2016

Signature of Authorized Person

Date

RADHI NAVANS

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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