| Sta | ate of Rhode Island and I Office of the Secr | | NS Fee: \$50.00 |
|---|--|-----------------------------------|---------------------------|
| | Division Of Busin 148 W. Rive | | |
| Providence RI 02904-2615 | | | |
| HOPE | (401) 222- | 3040 | |
| Limited Liability Comp | any | | |
| Annual Report | | | |
| Filing Period: September 1 - | November 1 | | |
| | 7-16-66(d), each limited liability c thirty (30) days after the time pr enalty fee of \$25.00. | | |
| ANNUAL REPORT YEAR: | 2016 | | |
| 1. ID No. <u>000812240</u> | | | |
| 2. Exact Name of the Limited Liability Company ODC Business Services, LLC | | | |
| 3. State of Formation | | | |
| State: <u>ME</u> | | | |
| ARTICLE III | | | |
| Using the following NAICS and as places extent the ends that heat describes your business | | | |
| Using the following NAICS codes, please select the code that best describes your business. | | | |
| NAICS Code | | 6 | <u>55</u> |
| 4. Brief Description of the | Character of the Business WI | ich is Actually Conducte | d in Rhode Island |
| BUSINESS SERVICES TO MOBILE DENTAL PRACTICES | | | |
| 5. Principal Office Addres | S | | |
| No. and Street: ONE 0 | | | |
| | <u>CHANDLER DRIVE</u> | tate: <u>ME</u> Zip: <u>04105</u> | Country: <u>USA</u> |
| 6. Mailing Address of Lim | ited Liability Company and Na | me or Title of Contact Pe | erson: |
| Contact Name: Contact Title: | | | |
| No. and Street: ONE C | HANDLER DRIVE | | _ |
| City or Town: FALMO | <u>DUTH</u> St | ate: <u>ME</u> Zip: <u>04105</u> | Country: <u>USA</u> |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | |
| Title | Individual Name | Addr | ess |
| | First, Middle, Last, Suffix | Address, City or Town, S | tate, Zip Code, Country |
| MANAGER | HANK SARAZIN | ONE CHA FALMOUTH, M | NDLER ROAD E 04105 USA |
| | | | |

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 25 Day of October, 2016 at 9:47:32 AM 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 <u>R HANK SARAZIN</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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