Annual Report for the y Limited Liability Compa → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00	any 1 - Novembe	r 1	ember 1.		CEIVED POSSTATE 21 PH 1: 34	
1. Entity ID Number 000126837	Exact name of the Limited Liability Company Precyse Solutions, L.L.C.					
3. NAICS Code 62 - Health Care and Social Ass 5. State of Formation Delaware	Brief description of the character of business conducted in Rhode Island Help hospitals meet compliance and health reform regulations					
6. Principal Office Address			City	State	Zip	
1275 Drummers Lane, Suite 200			Wayne	PA	19087	
7. Mailing Address of Limited Lial	bility Company	and Name or Tit	tle of Contact Person	<u> </u>		
Contact Name James Matas			Contact Title CFO			
Street Address 1275 Drummers L	ane, Sulte 200)	City Wayne	State PA	^{Zip} 19087	
8. List ALL managers (names an	d addresses) o	f the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST N	IEMBERS	
Manager Name Jeffrey S. Levitt			Manager Name James Matas			
Street Address 1275 Drummers Lane, Suite 200			Street Address 1275 Drummers Lane, Suite 200			
City Wayne	State PA	Zip 19087	City Wayne	State PA	^{Zip} 19087	
Manager Name Christopher A. Po	well		Manager Name			
Street Address 1275 Drummers Lane, Suite 200			Street Address			
City Wayne	State PA	^{Žip} 19087	City	State	Zip	
				Check the box to in	dicate an attachment	
Resident Agent in Rhode Island						
Under penalty of perjury, I decia statements, and that all stateme	are and affirm ents contained	that I have exam I herein are true	mined this report, includite and correct.	ng any accompanying	schedules and	
Name of Authorized Person				Date	Date	
Daniel J. Mulligan				09/06/2016		
Signature of Authorized Person	u		1 1 1			

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED NOV 2 1 2016 1411 RV ML 289 NOW