



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120102		2. Exact name of the limited liability company ACCELRx Research, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RESEARCH			
5. Principal office address 6 BLACKSTONE VALLEY PLACE, BLDG. 4 SUITE 401		City LINCOLN	State RI	Zip 02865-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name JAMES J WHALEN		Contact Title			
Street Address 6 BLACKSTONE VALLEY PLACE, BLDG. 4 SUITE 401		City LINCOLN	State RI	Zip 02865-	
7. NAME AND ADDRESS OF EACH MANAGER OR OFFICER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE IN SPACES BEFORE USING ATTACHMENTS 7-10, 30, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100 ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT R.I.G.L. 7-16-12 (2) / 7-16-52					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name GEORGE J. WEST, ESQ.		Address ONE FINANCIAL PLAZA, SUITE 1500			
Address		City PROVIDENCE	Zip 02903-		

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 2 0 1 0 2

120102 DLLC-08/30/05 11:22:30 AM

File Date 9/14/05

Check No. 3264

By: Jm

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.

James Whalen 09-01-05
Signature of Authorized Person Date

JAMES WHALEN
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State
 Matthew A. Brown, Secretary of State

Corporations Division
 100 North Main Street
 Providence, RI 02903-1335
 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120102		2. Exact name of the limited liability company ACCELRx Research, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RESEARCH			
5. Principal office address 6 Blackstone Valley Place, Bldg. 4 Suite 401		City Lincoln	State RI	Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name James J. Whalen, M.D.			Contact Title		
Street Address 6 Blackstone Valley Place, Bldg, 4, Suite 401		City Lincoln	State RI	Zip 02865	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name GEORGE J. WEST, ESQ.			Address		
Address ONE FINANCIAL PLAZA, SUITE 1500			City PROVIDENCE	Zip 02903-	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 2 0 1 0 2 *

FILED

File Date SEP 16 2004

Check No. By JAW/GM

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

James J. Whalen MS 15 SEP 2004
 Signature of Authorized Person Date

James J. Whalen, M.D.
 Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120102		2. Exact name of the limited liability company ACCELx Research, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island research			
5. Principal office address 6 Blackstone Valley Place, Bldg. 4 Suite 401		City Lincoln	State RI	Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name James J. Whalen, M.D.			Contact Title		
Street Address 6 Blackstone Valley Place, Bldg. 4, Suite 401		City Lincoln	State RI	Zip 02865	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name GEORGE J. WEST, ESQ.			Address		
Address ONE FINANCIAL PLAZA, SUITE 1500		City PROVIDENCE	Zip 02903-		

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	10/30/03
Check No.	2953
By:	[Signature]
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.

James Whalen MD **29 SEP 2003**
Signature of Authorized Person Date
JAMES WHALEN, M.D.
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *120102*		2. Exact name of the limited liability company ACCELRx Research, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island	
5. Principal office address 3 WAKE ROBIN ROAD		City LINCOLN	State RI Zip 02865-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name THOMAS PASCARELLA		Contact Title	
Street Address 3 WAKE ROBIN ROAD		City LINCOLN	State RI Zip 02865
7. CONTACT INFORMATION FOR MANAGERS (IF APPLICABLE) - SEE INSTRUCTIONS BEFORE USING ATTACHMENTS (EX. BOX FOR ATTACHMENT) - ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT (R.I.G.L. 7-16-12 (a) (2) / 7-16-52)			
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City *State *Zip
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City *State *Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER, changes require filing of Form 642 (R.I.G.L. 7-16-11)			
Agent Name GEORGE J. WEST, ESQ.		Address ONE FINANCIAL PLAZA, SUITE 1500	
Address		City PROVIDENCE	Zip 02903-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



* 1 2 0 1 0 2 *

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.

**120102* 9/12/022:55:24 PM*

File Date 10-30-02

Check No. 3131

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Tom Pascarella 16 Sept '02
Signature of Authorized Person Date

TOM PASCARELLA
Print or Type Name of Authorized Person