



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2017 JAN 20 AM 9:43

1. Entity ID Number 74258		2. Exact name of the Corporation INDEPENDENT RESEARCH NURSES, INC.			
3. Principal Office Address 400 BALD HILL ROAD		City WARWICK		State RI	Zip 02886
4. NAICS Code 62 - Health Care and Social Ass	6. Brief description of the character of business conducted in Rhode Island COORDINATING CLINICAL DRUG TRIALS				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHNNA PEZZULLO			Vice-President Name LYNNE HAUGHEY		
Street Address 32 HUMMINGBIRD LANE			Street Address XXXXXXXXXXXX 293 Alpine Estates Dr.		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name LYNNE HAUGHEY			Treasurer Name JOHNNA PEZZULLO		
Street Address XXXXXXXXXXXX 293 Alpine Estates Dr.			Street Address 32 HUMMINGBIRD LANE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOHNNA PEZZULLO			Director Name LYNNE HAUGHEY		
Street Address 32 HUMMINGBIRD LANE			Street Address XXXXXXXXXXXX 293 Alpine Estates Dr.		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
271		COMMON		NO PAR	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative Lynne A Haughey, VP				Date 1/12/2017	
Signature of Authorized Representative Lynne Haughey, VP					

FILED

SIGN DOCUMENT HERE

JAN 20 2017

By 293633