RI SOS Filing Number: 201739342070 Date: 3/31/2017 4:00:00 PM

This information is currently of record in the Department of State.  150  Common  No Par Value  150  Common  No Par Value  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 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  William J. Speranza, President	Annual Report for the year	ar: 2017					~~		
Personal School Need From is not filed by April 1.	•			<del>_</del>			2017	<u> </u>	
Penalty: Additional \$25.00 feel from is not filed by April 1.							*		
State   Patient Recruitment, Inc.   State   Patient Recruitment, Inc.   Patient Recruitment   Patient Recr		ee if form is no	t filed by April 1.			_			
State   Address   A   Ladd Street, Suite 302   State   A   Ladd Street, Suite 302	1. Entity ID Number	2. Exact name	e of the Corporation	n					
42 Ladd Street, Suite 302  4. NAIC'S Code  81 - Other Services (except Pul  81 - Other Services (except Pul  81 - Other Services (except Pul  82 - Other Services (except Pul  83 - Other Services (except Pul  84 - Other Services (except Pul  85 - State of Incorporation  86 - Brief description of the character of business conducted in Rhode Island  77 - List ALL' officers (names and addresses)  78 - Check the box to indicate an attachment of President Name  89 - William J. Speranza  80 - Street Address  80 - Street Address  81 - Check the box to indicate an attachment of President Name  80 - William J. Speranza  81 - Street Address  82 - Ladd Street, Suite 302  81 - Check the box to indicate an attachment of President Name  81 - William J. Speranza  81 - Check the box to indicate an attachment of President Name  82 - William J. Speranza  83 - Street Address  84 - Ladd Street, Suite 302  84 - Ladd Street, Suite 302  85 - Street Address  85 - Check the box to indicate an attachment of President Name  86 - Check the box to indicate an attachment of President Name  87 - Check the box to indicate an attachment of President Name  98 - Street Address  88 - Check the box to indicate an attachment of President Name  99 - Street Address  89 - Street Address  80 - Check the box to indicate an attachment of President Name  90 - Street Address  80 - Street Address  80 - Check the box to indicate an attachment of President Name  90 - Street Address  91 - Street Address  91 - Street Address  91 - Street Address  92 - Street Address  93 - Street Address  94 - Street Address  95 - Street Address  96 - Street Address  96 - Street Address  97 - Street Address  98 - Street Address  98 - Street Address  99 - Street Address  99 - Street Address  99 - Street Address  99 - Street Address	157023	Galen Patient Recruitment, Inc.							
4. NAICS Code 81 - Other Services (except Pul 85. State of Incorporation Rhode Island The recruitment of participants for medical testing and any other lawful business.  Check the box to indicate an attachment Vice-President Name William J. Speranza  Vice-President Name William J. Speranza  Street Address 42 Ladd Street, Suite 302  City East Greenwich State RI  Zip 02818  City East Greenwich State RI  Zip 02818  Street Address 42 Ladd Street, Suite 302  City East Greenwich State RI  Zip 02818  Street Address 42 Ladd Street, Suite 302  City East Greenwich State RI  Zip 02818  Street Address 42 Ladd Street, Suite 302  City East Greenwich State RI  Zip 02818  Street Address 42 Ladd Street, Suite 302  City East Greenwich State RI  Zip 02818  Street Address 42 Ladd Street, Suite 302  City East Greenwich State RI  Zip 02818  Street Address  Check the box to indicate an attachment Director Name None  Director Name  Director Name  Street Address  City State  Zip City State Zip City State Zip City State Zip City State Zip City State Zip Check the box to indicate an attachment Director Name  Director Name  Street Address  City State Zip City State Zip City State Zip City State Zip Check the box to indicate an attachment Director Name  Street Address  City State Zip City State Zip Check the box to indicate an attachment City No Par Value  150 Common No Par Value  This information is currently of record in the No Par Value  Pagartment of State.  150 Common No Par Value  Director Name  CLASSERIES PRIV WULLE  150 Common No Par Value  Date In State Calcar and affirm the corporation by an authorized representative. If the corporation is in the hands of a receiver rustee, this report must be executed on behalf of the corporation by the receiver or trustee.  Changes require an additional filing.  Date In State Calcar and affirm that I have examined this report, including any accompanying schedules and statements contained herein are true and correct.	•			1 -		1		I1	
The recruitment of participants for medical testing and any other lawful business.  5. State of Incorporation Rhode Island Rhode Island Rhode Island  Check the box to indicate an attachment of President Name William J. Speranza  Vice-President Name William J. Speranza  Vice-Presiden	42 Ladd Street, Suite 302						£	Q <del>2\$</del> 18	
State of Incorporation Rhode Island  7. List ALL officers (names and addresses)  Check the box to indicate an attachment of President Name William J. Speranza  Street Address  42 Ladd Street, Suite 302  Street Address  Street Address  Check the box to indicate an attachment Director Name  Director Name  Street Address		<ol><li>Brief descri</li></ol>	ption of the charac	ter of business co	inducted in Rhod	e Island			
Rhode Island 7. List ALL officers (names and addresses) Check the box to indicate an attachment of President Name William J. Speranza  Street Address 42 Ladd Street, Suite 302  Street Address 51 List ALL directors (names and addresses) Check the box to indicate an attachment of Street Address  Str	•	The recruitn	nent of participan	ts for medical te	sting and any of	ther lawful bu	ısiness.		
This ALL officers (names and addresses)  Check the box to indicate an attachment of the corporation by an authorized representative. If the corporation is in the hands of a receiver rustee. Under persistent Name  William J. Speranza  Street Address 42 Ladd Street, Suite 302  Street Address 5 Street Address 6 Street Address	•								
Vice-President Name   William J. Speranza							. 12 .		
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City East Greenwich State RI Zip 02818  Secretary Name William J. Speranza  Treasurer Name William J. Speranza  Street Address 42 Ladd Street, Suite 302  City East Greenwich State RI Zip 02818  Street Address 42 Ladd Street, Suite 302  City East Greenwich State RI Zip 02818  Street Address Check the box to indicate an attachment Director Name  None  Street Address  City State Zip City State Zip  City State Zip  City State Zip  City State Zip  City State Zip  City State Zip  City State Zip  City State Zip  City State Zip  City State Zip  City State Zip  Street Address  Check the box to indicate an attachment Zip  Director Name  Street Address  City State Zip  Check the box to indicate an attachment Zip  Director Name  Street Address  City State Zip  City State Zip  Check the box to indicate an attachment Zip  Nouncer Of Shares State  Chassisteries PAR Value  PAR Value  This information is currently of record in the Department of State.  Changes require an additional filling.  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 rustee, 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.  William J. Speranza, President	william J. Speranz	a	·		william J.				
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State RI   Zip 02818   City East Greenwich   State RI   Zip 02818   City East Greenwich   State RI   Zip 02818   State RI   Zip 02818   Check the box to indicate an attachment Director Name   Director Name	Secretary Name William J. Speranz	a		Treasurer Name	William J. Spe	ranza			
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Division of Business Services

River Street, Providence, Rhode Island 02904-2615

(401) 222-3040 : www.sos.ri.gov

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