



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.

2017 MAR 31

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R.I. DEPT. OF STATE  
BUS. SVCS. DIV.  
02018

1. Entity ID Number <b>157023</b>		2. Exact name of the Corporation <b>Galen Patient Recruitment, Inc.</b>			
3. Principal Office Address <b>42 Ladd Street, Suite 302</b>			City <b>East Greenwich</b>		State <b>RI</b>
4. NAICS Code <b>81 - Other Services (except Pub</b>		6. Brief description of the character of business conducted in Rhode Island <b>The recruitment of participants for medical testing and any other lawful business.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>William J. Speranza</b>			Vice-President Name <b>William J. Speranza</b>		
Street Address <b>42 Ladd Street, Suite 302</b>			Street Address <b>42 Ladd Street, Suite 302</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>William J. Speranza</b>			Treasurer Name <b>William J. Speranza</b>		
Street Address <b>42 Ladd Street, Suite 302</b>			Street Address <b>42 Ladd Street, Suite 302</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			<b>150</b>	<b>Common</b>	<b>No Par Value</b>
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. <b>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.</b>					
Name of Authorized Representative <b>William J. Speranza, President</b>					Date <b>1/25/2017</b>
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

River Street, Providence, Rhode Island 02904-2615

(401) 222-3040

www.sos.ri.gov

MAR 31 2017