



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <u>11-1054237</u>		2. Exact name of the Limited Liability Company <u>ALTERNATIVE BIOMEDICAL SOLUTIONS LLC</u>	
3. NAICS Code <u>423450</u>		4. Brief description of the character of business conducted in Rhode Island <u>SELL AND SERVICE TOXICOLOGY INSTRUMENTS, REAGENTS, CONSUMABLES, AND SUPPLIES REQUIRED</u>	
5. State of Formation <u>DE</u>			
6. Principal Office Address <u>1600 WALLACE DR, STE 100</u>		City <u>CARROLLTON</u>	State <u>TX</u>
		Zip <u>75006</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>JANET McGRATH, CFO</u>		Contact Title <u>CFO</u>	
Street Address <u>1600 WALLACE DR, STE 100</u>		City <u>CARROLLTON</u>	State <u>TX</u>
		Zip <u>75006</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.			
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 Person <u>JANET McGRATH, CFO</u>		Date <u>5/2/17</u>	
Signature of Authorized Person <u>JANET McGRATH, CFO</u>			

FILED

MAY 22 2017

BY 42733 DS

MAIL TO:

Division of Business Services

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