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## Annual Report for the year: 2017 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	2. Exact name of the Limited Liability Company					
1668418	Alpha Labs, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
621511	Clinical reference laboratory specializing in urine toxicology testing.					
5. State of Formation	1					
Rhode Island						
6. Principal Office Address			City	State	Zıp	
1025 Waterman Ave			East Providence	RI	02914	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Lori Hanni			Contact Title Office Manager			
Street Address 5635 W 96th Street, Suite 300			City Indianapolis	State IN	<sup>Zip</sup> 46278	
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	Zin 8	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Check the box to indicate an attachment						
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				Date	Date	
Lori Hanni				09/12/2	09/12/2017	
Signature of Authorized Person  SIGN DOCUMENT HERE						
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MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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

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