s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.0
	Division Of Business 148 W. River St		
	Providence RI 0290		
HOPE	(401) 222-304		
imited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp n thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>001339147</u>	7		
2. Exact Name of the Lin	mited Liability Company <u>Strategic</u>	Regulatory & Scientific Co	mmunication,
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found	•	entity. Download
<u>541690</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in	Rhode Island
DDOVIDES SCIENTIEI	CAREDICAL WRITING CONCL	TINC CEDVICES TO	
PHARMACEUTICAL A	<u>C/MEDICAL WRITING CONSU</u> AND	LIINU SEKVILES IU	
BIOTECH COMPANIE			
5. Principal Office Addre	SS		
No. and Street: 60 W	OODBRIDGE DRIVE		
		te: <u>RI</u> Zip: <u>02818</u> C	ountry: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact Perso	n:
Contact Name: Contact	Title:		
	ODBRIDGE DRIVE		
City or Town: <u>EAST</u>	GREENWICH Sta	te: <u>RI</u> Zip: <u>02818</u> C	ountry: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBER	Each Manager of the Limited Liab	ility Company, if Applicat	ble.
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, 2	Zip Code, Country

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

KRISTIN BROOKS 60 WOODBRIDGE DRIVE EAST GREENWICH , RI 02818

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 18 Day of October, 2017 at 10:46:03 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By KRISTIN L BROOKS

Signature of Authorized Person

Form No. 632 Revised 09/07

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