



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. ID No. 000796276

2. Exact Name of the Limited Liability Company DBC PRI-MED, LLC

3. State of Formation

State: DE

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

999999

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

COMMUNICATION AND EDUCATION PLATFORM FOR SCIENCE AND MEDICINE

5. Principal Office Address

No. and Street: 111 HUNTINGTON AVENUE, 4TH FLOOR

City or Town: BOSTON

State: MA Zip: 02199 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: MELINDA SHEEHIE Contact Title: VICE PRESIDENT & GENERAL COUNSEL

No. and Street: 121 FREE STREET

City or Town: PORTLAND

State: ME

Zip: 04101

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	KATHRYN D. WILLING	121 FREE STREET, P.O. BOX 7437 PORTLAND, ME 04112-7437 USA
MANAGER	THEODORE WIRTH	121 FREE STREET, P.O. BOX 7437

		PORTLAND, ME 04112-7437 USA
MANAGER	OAKLEY DYER	121 FREE STREET, P.O. BOX 7437 PORTLAND, ME 04112-7437 USA

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

COGENCY GLOBAL INC. 222 JEFFERSON BOULEVARD WARWICK , RI 02888

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

Signed this 2 Day of November, 2017 at 9:31:54 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 KATHRYN D. WILLING
Signature of Authorized Person

Form No. 632
Revised 09/07

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