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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 74258		2. Exact name of the Corporation INDEPENDENT RESEARCH NURSES, INC.												
3. Principal Office Address 400 BALD HILL ROAD			City WARWICK	State RI	Zip 02886									
4. NAICS Code 621511		6. Brief description of the character of business conducted in Rhode Island COORDINATING CLINICAL DRUG TRIALS												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name JOHNNA PEZZULLO			Vice-President Name LYNNE HAUGHEY											
Street Address 32 HUMMINGBIRD LANE			Street Address 273 ALPINE ESTATES DRIVE											
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921									
Secretary Name LYNNE HAUGHEY			Treasurer Name JOHNNA PEZZULLO											
Street Address 273 ALPINE ESTATES DRIVE			Street Address 32 HUMMINGBIRD LANE											
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name JOHNNA PEZZULLO			Director Name LYNNE HAUGHEY											
Street Address 32 HUMMINGBIRD LAND			Street Address 273 ALPINE ESTATES DRIVE											
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">271</td> <td style="text-align: center;">COMMON</td> <td style="text-align: center;">NO PAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	271	COMMON	NO PAR			
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271	COMMON	NO PAR												
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. <i>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.</i>														
Name of Authorized Representative JOHNNA PEZZULLO, PRESIDENT				Date 1/29/18										
Signature of Authorized Representative President				FILED FEB 01 2018 BY CM 323213										

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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FEB 01 2018
BY CM 323213
 FORM 630 - Revised: 10/2017