RI SOS Filing Number: 201860795280 Date: 3/22/2018 4:00:00 PM

State of Rhode Islan Department o			ices Division		을 음 음	
innual Report for th		8			CRETAS ORFICE S	
imited Liability Con	•				· 10 · 🗔 🖂	
 → Filing period: Septem → Filing Fee. \$50.00 → Penalty: Additional \$25 			ecember 1.	_	25.8 UA 25.8 UA 25.8 UA	
1. Entity ID Number	2. Exact na	ime of the Limite	ed Liability Company		(T)	
001672040		Secon of New England, LLC				
3. NAICS Code (4) 54 1 3 8 0 .	- 4	4. Brief description of the character of business conducted in Rhode Island Toxicology laboratory services				
5. State of Formation 🚱 MA						
6. Principal Office Address	W		City	State	Zip	
415 MAIN STREET, SUITE 4			WORCESTER	МА	01608	
7. Mailing Address of Limited	d Liability Compa	iny and Name of	r Title of Contact Person 🦦	, , , , , , , , , , , , , , , , , , , 		
Contact Name Leslie J. Ranniger			Contact Title CORPORATE COUNSEL			
Street Address 12015 EAST 46TH, SUITE 650			City DENVER	State CO	Zip 80239	
B. List ALL managers (name	es and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS 🤡	
Vanager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
		. <u> </u>		Check the box to	indicate an attachment	
Resident Agent in Rhode	Island. This inform	nation is currently	of record with the Department of St.	ate. Changes require filii	ng Form 642. 🚱	
Under penalty of perjury, l statements, and that all st	declare and aff	irm that I have ined herein are	examined this report, includir true and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person				Date		
Jason Roeder				03/15/2018		
Signature of Authorized Per	son Ou	SIGN	DOCUMENT HERE	• - \$-		
	- 1	 	-11 CF	<u> </u>		
			FILE	,		

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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FORM 632 - Revised: 08/2016