

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.

Entity ID Number	2. Exact name of the Limited Liability Company				
000139177	Partners in Clinical Research, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
541714	Clinical Research				
5. State of Formation					
RI	;				
6. Principal Office Address			City	State	Zip
106 Nate Whipple Highway, Suite 202			Cumberland	RI	02864
7. Mailing Address of Limited Li	ability Compan	y and Name or Tit	le of Contact Person		
Contact Name Philip Bergeron			Contact Title Director/Clinical Research		
Street Address 106 Nate Whipple Highway, Suite 202			City Cumberland	State RI	Zip 02864
8. List ALL managers (names a		of the Limited Lial	bility Company, IF APPLICAB	BLE - DO NOT LIST	MEMBERS
Manager Name Philip Bergeron			Manager Name		
Street Address 80 Magnolia Street			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zrp
				Check the box to	indicate an attachment
9. Resident Agent in Rhode Isla	and. This informa	ation is currently of re	ecord with the Department of Sta	te. Changes require fili	ng Form 642.
Under penalty of perjury, I de statements, and that all state				g any accompanyin	ng schedules and
Name of Authorized Person				Date	
Philip Bergeron 4-30-76					
Signature of Authorized Person			1475 (		

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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BY 30.9811 A. A. 10:55 A.M.

FORM 632 - Revised: 10/2017