



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

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Annual Report for the year: **2016**

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.

1. Entity ID Number 000139177		2. Exact name of the Limited Liability Company Partners in Clinical Research, LLC			
3. NAICS Code 541714		4. Brief description of the character of business conducted in Rhode Island Clinical Research			
5. State of Formation RI					
6. Principal Office Address 106 Nate Whipple Highway, Suite 202		City Cumberland	State RI	Zip 02864	
7. Mailing Address of Limited Liability Company and Name or Title 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 and addresses) of the Limited Liability Company. IF APPLICABLE - 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	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person Philip Bergeron				Date 4-30-2018	
Signature of Authorized Person 					

FILED

MAIL TO:

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

MAY 03 2018
BY **329877**
A.A. 10:54 A.M.