



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

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SECRETARY OF CIVIL
CORPORATIONS DIV
2018 MAY -3 AM 10:53

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 <input type="checkbox"/> | | | | | |
| 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.