



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

1. ID No. 001663981

2. Exact Name of the Limited Liability Company Clinical Drug Information, LLC

3. State of Formation

State: DE

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

519130

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

PROVIDER OF CLINICAL DECISION SUPPORT TOOLS.

5. Principal Office Address

No. and Street: 8425 WOODFIELD CROSSING

SUITE 490

City or Town: INDIANAPOLIS

State: IN Zip: 46240 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: ERIN SANDERS Contact Title:

No. and Street: 2700 LAKE COOK ROAD

City or Town: RIVERWOODS

State: IL Zip: 60015 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	ELIZABETH SATIN	111 EIGHTH AVE 13TH FL NEW YORK, NY 10011 USA

MANAGER

THOMAS J NESTOR

111 EIGHTH AVE 13TH FL
NEW YORK, NY 10011 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 23 Day of October, 2018 at 1:31:59 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ERIN SANDERS
Signature of Authorized Person

Form No. 632
Revised 09/07

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