

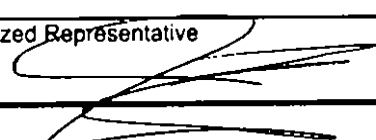
RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.
 2019 JAN 29 PM 12: 29



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

Annual Report for the year: 2019 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 74258		2. Exact name of the Corporation INDEPENDENT RESEARCH NURSES, INC.			
3. Principal Office Address 400 BALD HILL ROAD			City WARWICK	State RI	Zip 02886
4. NAICS Code 621511		6. Brief description of the character of business conducted in Rhode Island COORDINATING CLINICAL DRUG TRIALS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHNNA PEZZULLO			Vice-President Name LYNNE HAUGHEY		
Street Address 32 HUMMINGBIRD LANE			Street Address 273 ALPINE ESTATES DRIVE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name LYNNE HAUGHEY			Treasurer Name JOHNNA PEZZULLO		
Street Address 273 ALPINE ESTATES DRIVE			Street Address 32 HUMMINGBIRD LANE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOHNNA PEZZULLO			Director Name LYNNE HAUGHEY		
Street Address 32 HUMMINGBIRD LANE			Street Address 273 ALPINE ESTATES DRIVE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			271 SHARES		COMMON
			PAR VALUE		NO PAR VALUE
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative JOHNNA PEZZULLO, PRESIDENT				Date 1/17/2019	
Signature of Authorized Representative 				SIGN DOCUMENT HERE President	

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

JAN 29 2019

FORM 630 - Revised: 10/2017

BY KL 34408