




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.

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 SECRETARY OF STATE STAMP
 CORPORATIONS DIV
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1. Entity ID Number 157023		2. Exact name of the Corporation GALEN PATIENT RECRUITMENT, INC.			
3. Principal Office Address 42 Ladd Street, Suite 302			City East Greenwich	State RI	Zip 02818
4. NAICS Code 54180		6. Brief description of the character of business conducted in Rhode Island The recruitment of participants for medical testing and any other lawful business.			
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 William J. Speranza			Vice-President Name William J. Speranza		
Street Address 42 Ladd Street, Suite 302			Street Address 42 Ladd Street, Suite 302		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name William J. Speranza			Treasurer Name William J. Speranza		
Street Address 42 Ladd Street, Suite 302			Street Address 42 Ladd Street, Suite 302		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	PAR VALUE
			150	Common	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 William J. Speranza, President					Date 3/1/2019
Signature of Authorized Representative 			SIGN DOCUMENT HERE 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

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