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: 2019

1. ID No. 001680867

2. Exact Name of the Limited Liability Company Regulatory and Quality Solutions LLC

3. State of Formation

State: PA

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.

541611

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

ADMINISTRATION & BUSINESS SUPPORT SERVICES, TO ENGAGE IN THE BUSINESS OF PROVIDING REGULATORY AND QUALITY SUPPORT TO MEDICAL DEVICE COMPANIES.

5. Principal Office Address

No. and Street: 2790 MOSSIDE BOULEVARD, SUITE 800
City or Town: MONROEVILLE State: PA Zip: 15146 Country: USA

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

Contact Name: CHRISTY KEENAN Contact Title: HUMAN RESOURCES MANAGER
No. and Street: 2790 MOSSIDE BOULEVARD
STE 800
City or Town: MONROEVILLE State: PA Zip: 15146 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	MARIA J. FAGAN	2790 MOSSIDE BOULEVARD, SUITE 800 MONROEVILLE, PA 15146 USA

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

REGISTERED AGENTS INC. ONE RICHMOND SQUARE, SUITE 125B PROVIDENCE , RI 02906

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

Signed this 29 Day of October, 2019 at 10:12:26 AM 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 CHRISTY KEENAN
Signature of Authorized Person

Form No. 632
Revised 09/07