



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 131442		2. Exact name of the limited liability company QUEST DIAGNOSTICS LLC	
3. State of Formation MASSACHUSETTS		4. Brief description of the character of the business which is actually conducted in Rhode Island CLINICAL DIAGNOSTIC LABORATORY	
5. Principal office address 1290 WALL STREET WEST		City LYNDHURST	State NJ
			Zip 07071
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ANGELA DEL CASALE		Contact Title	
Street Address 1290 WALL STREET WEST		City LYNDHURST	State NJ
			Zip 07071
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
			State
			Zip
*Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
			State
			Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name NATIONAL REGISTERED AGENTS, INC.		Address 222 JEFFERSON BOULEVARD, SUITE 200	
Address		City WARWICK	Zip 02888-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 3 1 4 4 2

\*131442 FLLC 08/02/05 11:53:13 AM\*

File Date 9/2/05

Check No. 2941

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature]      8-18-05  
Signature of Authorized Person      Date

Sirisha Gummaregula  
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

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5. Principal office address 1 Malcolm Avenue		City Teterboro	State NJ
		Zip 07608	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Angela Del Casale		Contact Title	
Street Address 1290 Wall Street West		City Lyndhurst	State NJ
		Zip 07071	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
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\*131442 FLLC 07/12/04 03:21:27 PM\*

File Date **RECEIVED**

Check No. **AUG 31 2004**

By: **BY [Signature]**

FOR SECRETARY OF STATE USE ONLY

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.

**[Signature]** 7/22/04  
Signature of Authorized Person Date

Print or Type Name of Authorized Person