



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

No Fee

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

**Foreign Limited Liability Company
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2019

1. ID No. 001335948

2. Exact Name of the Limited Liability Company INVENTIV COMMERCIAL SERVICES, LLC

3. State of Formation

State: NJ

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.

541420

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

PHARMACEUTICAL SALES

5. Principal Office Address

No. and Street: 500 ATRIUM DRIVE
City or Town: SOMERSET State: NJ Zip: 08873 Country: USA

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

Contact Name: Contact Title:
No. and Street: 1030 SYNC STREET
City or Town: MORRISVILLE State: NC Zip: 27560 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	JASON MEGGS	1030 SYNC STREET, 5TH FLOOR MORRISVILLE, NC 27560 USA
MANAGER	JONATHAN OLEFSON	1030 SYNC STREET, 5TH FLOOR MORRISVILLE, NC 27560 USA

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

UNITED AGENT GROUP INC. 10 DORRANCE STREET, SUITE 700 PROVIDENCE , RI 02903

Signed this 21 Day of November, 2019 at 10:39:48 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 JONATHAN OLEFSON, MANAGER
Signature of Authorized Person

Form No. 632
Revised 09/07

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

November 21, 2019 10:39 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

