	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
	148 W. River S		
	Providence RI 0290 (401) 222-30		
HOPE	(401) 222-30	+0	
Limited Liability Company			
Annual Report Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability com		
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.			
	perfaity fee of \$25.00.		
ANNUAL REPORT YEAR: 2020			
1. ID No. <u>001692905</u>			
2. Exact Name of the Limited Liability Company ICON Clinical Research, LLC			
3. State of Formation			
State: DE			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>541712</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
RESEARCH AND DEVELOPMENT IN THE PHYSICAL, ENGINEERING AND LIFE SCIENCES			
SCIENCES			
5. Principal Office Address			
No. and Street: <u>2100 PENNBROOK PARKWAY</u>			
	H WALES	State: <u>PA</u> Zip: <u>19454</u>	Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
	ENNBROOK PARKWAY		
City or Town: NORTH WALES State: PA Zip: 19454 Country: USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	3
	First, Middle, Last, Suffix	Address, City or Town, State	, Zip Code, Country

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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

Signed this 27 Day of October, 2020 at 5:35:44 PM 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 <u>GEORGE MCMILLAN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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