	State of Rhoo Office of the Secre		Fee: \$50.0
	Division Of Busin 148 W. Rive Providence RI 0	r Street	
HOPE	(401) 222-		
imited Liability Comp Annual Report Filing Period: September 1 -			
	7-16-66(d), each limited liability co thirty (30) days after the time pre enalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2020		
1. ID No. <u>001074793</u>			
	nited Liability Company <u>EUR(</u> NTIFIC SERVICES, LLC	DFINS LANCASTER LABORA	ATORIES
3. State of Formation			
State: <u>DE</u>			
	ARTICLE II	I	
	ode that best describes the prima information on <u>NAICS</u> can be fou	ary business conducted by the entind online.	ty. Download
<u>541990</u>			
4. Brief Description of the	Character of the Business Wh	ich is Actually Conducted in Rh	ode Island
TESTING/LABORATOF	RY SERVICES		
5. Principal Office Addres	S		
	<u>NEW HOLLAND PIKE</u> ASTER	State: <u>PA</u> Zip: <u>17601</u> Cou	ntry: <u>USA</u>
6. Mailing Address of Lim	ited Liability Company and Na	me or Title of Contact Person:	
Contact Name: Contact T			
	IEW HOLLAND PIKE ASTER	State: <u>PA</u> Zip: <u>17601</u> Cou	ntry: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBER	-	iability Company, if Applicable.	
Title	Individual Name	Address	
MANAGER	First, Middle, Last, Suffix	Address, City or Town, State, Zip (
		2425 NEW HOLLANI LANCASTER, PA 17601	

RALF FASSBENDER

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

COGENCY GLOBAL INC. 222 JEFFERSON BOULEVARD 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 30 Day of October, 2020 at 9:52:40 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 TRAVIS POWELL

Signature of Authorized Person

Form No. 632 Revised 09/07

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