



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

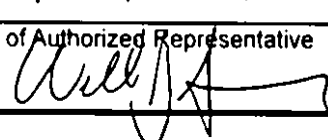
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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R.I. DEPT. OF STATE
BUS. SVCS DIV

2021 MAR 30 A 11:12

1. Entity ID Number 157023			2. Exact name of the Corporation GALEN PATIENT RECRUITMENT, INC.											
3. Principal Office Address 42 Ladd Street, Suite 302			City East Greenwich	State RI	Zip 02818									
4. NAICS Code 54180	6. Brief description of the character of business conducted in Rhode Island The recruitment of participants for medical testing and any other lawful business.													
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name William J. Speranza			Vice-President Name William J. Speranza											
Street Address 42 Ladd Street, Suite 302			Street Address 42 Ladd Street, Suite 302											
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818									
Secretary Name William J. Speranza			Treasurer Name William J. Speranza											
Street Address 42 Ladd Street, Suite 302			Street Address 42 Ladd Street, Suite 302											
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name None			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>150</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	150	Common	No Par Value			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
150	Common	No Par Value												
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.														
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.														
Name of Authorized Representative William J. Speranza, President				Date 3/15/2021										
Signature of Authorized Representative 														

SIGN DOCUMENT HERE

FILED

MAR 30 2021

BY CA V11VB

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