RI SOS Filing Number: 202195211870 Date: 3/30/2021 4:00:00 PM

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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BUS SVCS DIV
2021 MAR 30 A 11:12

1. Entity ID Number	2. Exact name of the Corporation		
157023	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 ☐

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

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017