



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2011  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

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 BUS SVCS DIV

2021 JUL -8 P 3:03

1. Entity ID Number <b>514608</b>		2. Exact name of the Limited Liability Company <b>LIFE SCIENCE RESOURCE PARTNERS INTERNATIONAL, LLC</b>			
3. NAICS Code <b>541600</b>		4. Brief description of the character of business conducted in Rhode Island <b>CONSULTING SERVICES FOR PHARMACEUTICAL COMPANIES</b>			
5. State of Formation <b>RHODE ISLAND</b>					
6. Principal Office Address <b>3 REGENCY PLAZA</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>TETYANA YOUNG</b>			Contact Title <b>PRESIDENT</b>		
Street Address <b>P.O. Box 2323</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person <b>TETYANA YOUNG</b>			Date <b>07/07/2021</b>		
Signature of Authorized Person 					

FILED

JUL 08 2021

BY CFPZSA  
 3:04

MAIL TO:  
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 Phone: (401) 222-3040  
 Website: www.sos.ri.gov