State of Rhode Island
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company
Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing 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.

ANNUAL REPORT YEAR: 2021

1. ID No. 001679975

2. Exact Name of the Limited Liability Company Prime Research, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

621999

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

PROVIDE SUPPORT AS A STUDY COORDINATOR FOR A PHYSICIAN WHO IS A PRINCIPAL
INVESTIGATOR IN FDA APPROVED
CLINICAL TRIALS. STUDY COORDINATOR DUTIES INCLUDE, BUT ARE NOT LIMITED TO:
COORDINATION OF CLINICAL RESEARCH TO ENSURE RESEARCH ACTIVITIES COMPLY WITH
FEDERAL
GUIDELINES AND
INSTITUTIONAL POLICY, ENSURING PROPER TRAINING OF RESEARCH PERSONNEL TO
COMPLY WITH
FEDERAL GUIDELINES,
RECORDING AND DOCUMENTING TRAINING ACTIVITIES OF PERSONNEL, WORKING CLOSELY
WITH
COMPLIANCE OFFICERS
FACILITATING AND REPORTING ON CLINICAL AUDITS, MAINTAINING CONFIDENTIALITY

AND
PROTECTION OF PATIENTS
PARTICIPATING IN CLINICAL RESEARCH, ENSURING INFORMED CONSENTS ARE OBTAINED
FOR ALL
PARTICIPANTS, AND
DOCUMENTING AND REPORTING ANY BREACH IN COMPLIANCE WITH FEDERAL AND AGENCY
REGULATION TO
APPROPRIATE PERSONS.

5. Principal Office Address

No. and Street: 135 TWIN BIRCH DRIVE
City or Town: CRANSTON State: RI Zip: 02921 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: PATRICK JOHNSON Contact Title: OWNER
No. and Street: 135 TWIN BIRCH DRIVE
City or Town: CRANSTON State: RI Zip: 02921 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address 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

PATRICK JOHNSON 135 TWIN BIRCH DRIVE CRANSTON , RI 02921

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

Signed this 3 Day of September, 2021 at 6:09:23 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 PATRICK JOHNSON
Signature of Authorized Person

Form No. 632
Revised 09/07

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