



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: **2021**

## 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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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------------|-------------------------|--------------------|--------------|
| 1. Entity ID Number<br><b>000122475</b>                                                                                                                                                              |       | 2. Exact name of the Limited Liability Company<br><b>SAFE HARBOR CLINICAL RESEARCH, LLC</b>     |                         |                    |              |
| 3. NAICS Code<br>621511                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br>MEDICAL RESEARCH |                         |                    |              |
| 5. State of Formation<br>RI                                                                                                                                                                          |       |                                                                                                 |                         |                    |              |
| 6. Principal Office Address<br>250 Eddie Dowling Highway, Suite #1                                                                                                                                   |       | City<br>North Smithfield                                                                        |                         | State<br>RI        | Zip<br>02896 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                 |                         |                    |              |
| Contact Name<br>Linda M. Cannistra                                                                                                                                                                   |       |                                                                                                 | Contact Title<br>MEMBER |                    |              |
| Street Address<br>250 Eddie Dowling Highway, Suite #1                                                                                                                                                |       | City<br>North Smithfield                                                                        |                         | State<br>RI        | Zip<br>02896 |
| 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.                                                                  |       |                                                                                                 |                         |                    |              |
| 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 Person<br>LINDA M. CANNISTRA                                                                                                                                                      |       |                                                                                                 |                         | Date<br>10-15-2021 |              |
| Signature of Authorized Person<br>                                                                                                                                                                   |       |                                                                                                 |                         |                    |              |

## MAIL TO:

Division of Business Services

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