



**State of Rhode Island
Office of the Secretary of State**

No Fee

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

**Foreign Business Corp
Annual Report - Amended**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2022

1. Corporate ID No. 001729753

2. Name of Corporation EUROFINS CLINICAL DIAGNOSTIC US NDSC, INC.

3. Street Address Principal Business Office:

No. and Street: 18000 W. 99TH STREET

City or Town: LENEXA

State: KS

Zip: 66219

Country: USA

5. State of Incorporation

State: DE

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.

541380

6. Brief Description of the Character of Business Conducted in Rhode Island

LABORATORY TESTING

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER AND SECRETARY	DAN DICKINSON	2200 RITTENHOUSE STREET SUITE 175 DES MOINES, IA 50321 USA
PRESIDENT/DIRECTOR	MATTHEW G. URBANEK	951 NW TECHNOLOGY DRIVE LEE'S SUMMIT, MO 64086 USA
TAX DIRECTOR	JUSTIN DUDAS	343 WEST MAIN STREET

		LEOLA, PA 17540 USA
CHAIRPERSON/DIRECTOR	ANNEMARIE WATSON	951 NW TECHNOLOGY DRIVE LEE'S SUMMIT, MO 64086 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	1,000.00	10

9. 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.

Signed this 22 Day of June, 2022 at 10:31:16 AM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MATTHEW G. URBANEK
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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State of Rhode Island

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

June 22, 2022 10:31 AM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

