

AMENDED ADDRESS

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D
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1. Entity ID Number 157023		2. Exact name of the Corporation GALEN PATIENT RECRUITMENT, INC.	
3. Principal Office Address 42 Ladd Street #18		City East Greenwich	State RI
		Zip 02818	
4. NAICS Code 541801	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 <input type="checkbox"/>			
President Name William J. Speranza		Vice-President Name William J. Speranza	
Street Address 42 Ladd Street #18		Street Address 42 Ladd Street #18	
City East Greenwich	State RI	City East Greenwich	State RI
Zip 02818		Zip 02818	
Secretary Name William J. Speranza		Treasurer Name William J. Speranza	
Street Address 42 Ladd Street #18		Street Address 42 Ladd Street #18	
City East Greenwich	State RI	City East Greenwich	State RI
Zip 02818		Zip 02818	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name None		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <input type="checkbox"/>	
		NUMBER OF SHARES 150	CLASS/SERIES NO PAR VALUE
		PAR VALUE 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		Date 10/18/2023	
Signature of Authorized Representative 			

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

FILED

OCT 23 2023
BY AA 3:19 pm

FORM 630- Revised: 04/2023



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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:

October 23, 2023 03:19 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

