



State of Rhode Island and Providence Plantations
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: 2013

1. ID No. 000794526

2. Exact Name of the Limited Liability Company AmazingCharts.com, LLC

3. State of Formation

State: RI

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

continuing education and electronic health records for medical professionals

5. Principal Office Address

No. and Street: 650 TEN ROD ROAD, SUITE 12

City or Town: NORTH KINGSTOWN

State: RI

Zip: 02852

Country: USA

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

Contact Name: CHRISTOPHER R. SMITH Contact Title: ATTORNEY

No. and Street: ONE PORTLAND SQUARE

P.O. BOX 586

City or Town: PORTLAND

State: ME

Zip: 04112-0586

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
MANAGER	PAUL G. CLANCY	121 FREE STREET, P.O. BOX 7437 PORTLAND, ME 04112-7437 USA
MANAGER	THEODORE WIRTH	121 FREE STREET, P.O. BOX 7437 PORTLAND, ME 04112-7437 USA
MANAGER	RHONDA BULLOCK	121 FREE STREET, P.O. BOX 7437 PORTLAND, ME 04112-7437 USA
MANAGER	ROBERT MACGREGOR	110 COCHRANE DRIVE, UNIT 1 MARKHAM, ON L3R 9S1 CAN

MANAGER

JOHN J. MOONEY

101 HUNTINGTON AVENUE, 12TH FLOOR
BOSTON, MA 02199-7607 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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 October, 2013 at 10:56:49 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 MELINDA P. SHAIN
Signature of Authorized Person

Form No. 632
Revised 09/07

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