



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 730654		2. Exact name of the Corporation ESPACE CLINICAL, INC.		
3. Principal office address 76 WHITEHALL WAY		City BELLINGHAM	State MA	Zip 02019
4. Business Phone No. 866-260-9507		5. State of Incorporation MASSACHUSETTS		
6. Brief description of the character of business conducted in Rhode Island DATA MANAGEMENT SOLUTIONS				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name SUNEETA GOLLADA		Vice-President Name BHASKAR REDNAM		
Street Address 76 WHITEHALL WAY		Street Address 76 WHITEHALL WAY		
City BELLINGHAM	State MA	Zip 02019	City BELLINGHAM	State MA
Secretary Name SUNEETA GOLLADA		Treasurer Name SUNEETA GOLLADA		
Street Address 76 WHITEHALL WAY		Street Address 76 WHITEHALL WAY		
City BELLINGHAM	State MA	Zip 02019	City BELLINGHAM	State MA
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name SUNEETA GOLLADA		Director Name BHASKAR REDNAM		
Street Address 76 WHITEHALL WAY		Street Address 76 WHITEHALL WAY		
City BELLINGHAM	State MA	Zip 02019	City BELLINGHAM	State MA
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		100	COMMON	NO PAR VALUE

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.

File Date _____

FILED

Check No _____

MAR 17 2014

By: _____

3282

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.

03/13/2014

Signature of Authorized Representative

Date

BHASKAR REDNAM

Print or Type Name of Authorized Representative