

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000001958

**Entity Name:** DOMINION DIAGNOSTICS, LLC

**Current Principal Place of Business:**

211 CIRCUIT DRIVE  
NORTH KINGSTON, RI 02852

**Current Mailing Address:**

211 CIRCUIT DRIVE  
NORTH KINGSTOWN, RI 02852 US

**FEI Number:** 54-1882269

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name ARKANSAS TEACHER RETIREMENT SYSTEM  
Address 211 CIRCUIT DRIVE  
City-State-Zip: NORTH KINGSTON RI 02852

Title MEMBER  
Name SIWICKI, DAVID  
Address 211 CIRCUIT DRIVE  
C/O DOMINION DIAGNOSTICS  
City-State-Zip: NORTH KINGSTON RI 02852

Title MEMBER  
Name DOMINION DIAGNOSTICS HOLDINGS, INC  
Address 211 CIRCUIT DRIVE  
City-State-Zip: NORTH KINGSTON RI 02852

Title MEMBER  
Name RAGUNDA, LLP  
Address 211 CIRCUIT DRIVE  
City-State-Zip: NORTH KINGSTOWN RI 02852-7440

Title MEMBER  
Name RIVERSIDE FUND IV OFFSHORE – DOMINION HOLDINGS, INC.  
Address 211 CIRCUIT DRIVE  
City-State-Zip: NORTH KINGSTON RI 02852

Title MEMBER  
Name RIVERSIDE FUND IV OFFSHORE, L.P.  
Address 211 CIRCUIT DRIVE  
City-State-Zip: NORTH KINGSTON RI 02852

Title MEMBER  
Name RIVERSIDE FUND IV, L.P.  
Address 211 CIRCUIT DRIVE  
City-State-Zip: NORTH KINGSTON RI 02852

Title MEMBER  
Name WEST VIRGINIA INVESTMENT MANAGEMENT BOARD  
Address 211 CIRCUIT DRIVE  
City-State-Zip: NORTH KINGSTON RI 02852

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID SIWICKI

**MEMBER**

**02/12/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date