

**2020 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 VICE PRESIDENT OF LABORATORY OPERATIONS, LABORATORY DIRECTOR  
Name JOHNSON-TUFTS, CHARLENE  
Address 211 CIRCUIT DRIVE  
City-State-Zip: NORTH KINGSTON RI 02852

Title AUTHORIZED MEMBER  
Name KLAPSTEIN, JULIE  
Address 6652 N. AVENIDA DE POSADA  
City-State-Zip: TUCSON AZ 85718-2075

Title CEO, AUTHORIZED MEMBER  
Name GARVEY, ROBERT  
Address 211 CIRCUIT DRIVE  
City-State-Zip: NORTH KINGSTON RI 02852

Title AUTHORIZED MEMBER  
Name SIWICKI, DAVID  
Address 211 CIRCUIT DRIVE  
City-State-Zip: NORTH KINGSTOWN RI 02852-7440

Title AUTHORIZED MEMBER  
Name GOLDBERG, JEREMY  
Address 317 W. LAURIER PLACE  
City-State-Zip: BRYN MAWR PA 19010-2254

Title COO, MANAGER  
Name MCSALLY, MARK  
Address 211 CIRCUIT DRIVE  
City-State-Zip: NORTH KINGSTON RI 02852

Title AUTHORIZED MEMBER  
Name BELLUCK, DAVID  
Address 2 COMMONWEALTH AVENUE #12  
City-State-Zip: BOSTON MA 02116

Title AUTHORIZED MEMBER  
Name DOMINION DIAGNOSTICS HOLDINGS, LLC  
Address 211 CIRCUIT DRIVE  
City-State-Zip: NORTH KINGSTOWN RI 02852

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*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:** ROBERT GARVEY

**MEMBER**

**05/01/2020**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title DIRECTOR  
Name FORNARI, FRANK  
Address 1609 CHINABERRY WAY  
City-State-Zip: NAPLES FL 34105

Title AUTHORIZED MEMBER  
Name BORDEN, PHILIP  
Address 211 CIRCUIT DRIVE  
City-State-Zip: NORTH KINGSTON RI 02852

Title AUTHORIZED MEMBER  
Name HAMMOND, MICHAEL  
Address 622 N. FLAGLER DRIVE  
APARTMENT 604  
City-State-Zip: WEST PALM BEACH FL 33401-4018

Title AUTHORIZED MEMBER  
Name OSOFSKY, MAX  
Address 211 CIRCUIT DRIVE  
City-State-Zip: NORTH KINGSTON RI 02852