



**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: 2016

1. ID No. 000911518

2. Exact Name of the Limited Liability Company CareCore National, LLC

3. State of Formation

State: NY

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

Utilization Management

5. Principal Office Address

No. and Street: C/O CORPORATION SERVICE COMPANY
80 STATE STREET

City or Town: ALBANY

State: NY Zip: 12207 Country: USA

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

Contact Name: Contact Title:

No. and Street: 400 BUCKWALTER PLACE BOULEVARD

City or Town: BLUFFTON

State: SC Zip: 29910 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	JOHN J. ARLOTTA	400 BUCKWALTER PLACE BOULEVARD BLUFFTON, SC 29910 USA
MANAGER	N. ROBBERT VORHOFF	52 EAST 52ND STREET NEW YORK, NY 10055 USA
MANAGER	CORY A EAVES	55 EAST 52ND STREET NEW YORK, NY 10055 USA
MANAGER	PHILIP S CLARK	400 BUCKWALTER PLACE BLVD. BLUFFTON, SC 29910 USA

MANAGER

TIMOTHY M COOK

400 BUCKWALTER PLACE BLVD.
BLUFFTON, SC 29910 USA

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI
02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 12 Day of August, 2016 at 2:03:53 PM 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 PHILIP S. CLARK
Signature of Authorized Person

Form No. 632
Revised 09/07

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