**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.** 001000595

**2. Exact Name of the Limited Liability Company** RevMD Partners, LLC

**3. State of Formation**

State: IL

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 6 62

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

HEALTHCARE COLLECTIONS

**5. Principal Office Address**

No. and Street: 1111 PASQUINELLI DRIVE
SUITE 400
City or Town: WESTMONT State: IL Zip: 60559 Country: USA

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

Contact Name: Contact Title:
No. and Street: 1111 PASQUINELLI DRIVE
SUITE 400
City or Town: WESTMONT State: IL Zip: 60559 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**
**DO NOT LIST MEMBERS**

0-8534-0

| Title | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---|---|---|
| MANAGER | NICK DIGIOVANNI JR. | 1111 PASQUINELLI DRIVE, SUITE 400 |

| | | |
|---|---|---|
| | | WESTMONT, IL 60559 USA |
| MANAGER | NICK DIGIOVANNI III | 1111 PASQUINELLI DRIVE, SUITE 400<br>WESTMONT, IL 60559 USA |
| MANAGER | TIMOTHY MCCARTHY | 1111 PASQUINELLI DRIVE, SUITE 400<br>WESTMONT, IL 60559 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 29 Day of November, 2016 at 4:11:09 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 MANDELINE HENDRICKS
Signature of Authorized Person

Form No. 632
Revised 09/07

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