



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: 2016 Amended
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 000869968		2. Exact name of the Limited Liability Company Prospect Provider Group RI, LLC			
3. NAICS Code 62 - Health Care and Social A		4. Brief description of the character of business conducted in Rhode Island Healthcare			
5. State of Formation Delaware					
6. Principal Office Address 3415 S. Sepulveda Blvd., 9th Floor		City Los Angeles		State CA	Zip 90034
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Kyle Douroux			Contact Title Corporate Paralegal		
Street Address 3415 S. Sepulveda Blvd., 9th Floor		City Los Angeles		State CA	Zip 90034
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person Cardell Rankin				Date 10/31/2016	
Signature of Authorized Person <i>Cardell Rankin</i> SIGN DOCUMENT HERE					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

