



**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:** 2017

**1. ID No.** 000535503

**2. Exact Name of the Limited Liability Company** HEALTHCARE MANAGEMENT SOLUTIONS LLC

**3. State of Formation**

State: WV

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

54

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

MANAGEMENT CONSULTING

**5. Principal Office Address**

No. and Street: 1000 TECHNOLOGY DRIVE  
SUITE 1310

City or Town: FAIRMONT

State: WV

Zip: 26554

Country: USA

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

Contact Name: Contact Title:

No. and Street: 1000 TECHNOLOGY DRIVE  
SUITE 1310

City or Town: FAIRMONT

State: WV

Zip: 26554

Country: USA

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

|              |                                                       |                                                                   |
|--------------|-------------------------------------------------------|-------------------------------------------------------------------|
| <b>Title</b> | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------|-------------------------------------------------------|-------------------------------------------------------------------|

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

NATIONAL REGISTERED AGENTS, INC. 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 26 Day of June, 2017 at 4:31:22 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 WHITNEY PATTERSON  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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