RI SOS Filing Number: 201753546090 Date: 11/17/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

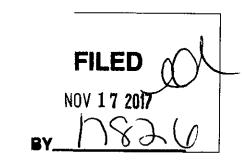
Annual Report for the year: 2017

**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	2. Exact name of the Limited Liability Company				
1657050	BE YOUR BILLER, LLC				
3 MAIGS GODO -	4. Brief description of the character of business conducted in Rhode Island				
	Medical Billing				
5. State of Formation			)		
RHODE ISLAND					
Principal Office Address  2733 Post Road			City	State	Zip
			Warwick	RI	02886
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Stephen Patch			Contact Title Member`		
Street Address 2733 Post Road			City Warwick	State RI	<sup>Zip</sup> <b>02886</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name None			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 Stephen Patking  Date  10/26/11					
Signature of Authorized Person					
7,000					

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov