



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

1. Corporate ID No. 001068232

2. Name of Corporation IHC Health Services, Inc.

3. State of Incorporation

State: UT

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity 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

622110

4. Corporate Address in Rhode Island

No. and Street: 222 JEFFERSON BOULEVARD, SUITE 200

City or Town: WARWICK

State: RI Zip: 02888 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 36 SOUTH STATE STREET, SUITE 2200

City or Town: SALT LAKE CITY State: UT Zip: 84111 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

WILL SEND MAIL ORDER PRESCRIPTION MAINTENANCE MEDICATIONS TO PERSONS
LIVING IN RHODE ISLAND WHO NEED THESE MEDICATIONS AND HAVE
PRESCRIPTIONS FOR THEM

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	ALBERT R. ZIMMERLI	36 SOUTH STATE STREET, SUITE 2200 SALT LAKE CITY, UT 84111 USA
CFO	ALBERT R. ZIMMERLI	36 SOUTH STATE STREET, SUITE 2200 SALT LAKE CITY, UT 84111 USA
VP GENERAL COUNSEL	DOUGLAS J. HAMMER	36 SOUTH STATE STREET, SUITE 2200 SALT LAKE CITY, UT 84111 USA
PRESIDENT & CEO	A. MARC HARRISON MD	36 SOUTH STATE STREET, SUITE 2200 SALT LAKE CITY, UT 84111 USA
VICE PRESIDENT	ROBERT W. ALLEN	36 SOUTH STATE STREET, SUITE 2200 SALT LAKE CITY, UT 84111 USA
DIRECTOR	DANIEL GOMEZ	36 SOUTH STATE STREET, SUITE 2200 SALT LAKE CITY, UT 84111 USA
DIRECTOR	JANICE UGAKI	36 SOUTH STATE STREET, SUITE 2200 SALT LAKE CITY, UT 84111 USA
DIRECTOR	R. NEAL DAVIS	36 SOUTH STATE STREET, SUITE 2200 SALT LAKE CITY, UT 84111 USA
DIRECTOR	CRYSTAL MAGGELET	36 SOUTH STATE STREET, SUITE 2200 SALT LAKE CITY, UT 84111 USA
DIRECTOR	ANNE M. PENDO MD	36 SOUTH STATE STREET, SUITE 2200 SALT LAKE CITY, UT 84111 USA
DIRECTOR	MATT C. PACKARD	36 SOUTH STATE STREET, SUITE 2200 SALT LAKE CITY, UT 84111 USA
DIRECTOR	A. SCOTT ANDERSON	36 SOUTH STATE STREET, SUITE 2200 SALT LAKE CITY, UT 84111 USA
DIRECTOR	NEAL BERUBE	36 SOUTH STATE STREET, SUITE 2200 SALT LAKE CITY, UT 84111 USA
DIRECTOR	CLAYTON CHRISTENSEN	36 SOUTH STATE STREET, SUITE 2200 SALT LAKE CITY, UT 84111 USA
DIRECTOR	PATRICIA RAVERT PHD, RN	36 SOUTH STATE STREET, SUITE 2200 SALT LAKE CITY, UT 84111 USA
DIRECTOR	SPENCER F. ECCLES	36 SOUTH STATE STREET, SUITE 2200 SALT LAKE CITY, UT 84111 USA
DIRECTOR	KAREN W. FAIRBANKS	36 SOUTH STATE STREET, SUITE 2200 SALT LAKE CITY, UT 84111 USA
DIRECTOR	KAREN HALE	36 SOUTH STATE STREET, SUITE 2200 SALT LAKE CITY, UT 84111 USA
DIRECTOR	STEVE D. HUEBNER	36 SOUTH STATE STREET, SUITE 2200 SALT LAKE CITY, UT 84111 USA
DIRECTOR	GAIL MILLER	36 SOUTH STATE STREET, SUITE 2200 SALT LAKE CITY, UT 84111 USA
DIRECTOR	F. ANN MILLNER EDD	36 SOUTH STATE STREET, SUITE 2200 SALT LAKE CITY, UT 84111 USA
DIRECTOR	ARNOLD MILSTEIN MD	36 SOUTH STATE STREET, SUITE 2200 SALT LAKE CITY, UT 84111 USA
DIRECTOR	KAREN SPRINGER	36 SOUTH STATE STREET, SUITE 2200 SALT LAKE CITY, UT 84111 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

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

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 2 Day of May, 2018 at 2:37:07 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 § 7-6.*

By DOUGLAS J. HAMMER
Signature of Authorized Person

Form No. 631
Revised 09/07