



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: 2018

1. ID No. 000124565

2. Exact Name of the Limited Liability Company Alternative Service Concepts LLC

3. State of Formation

State: DE

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

524292

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

THIRD PARTY ADMINISTRATOR OF WORKERS COMP AND PROPERTY/CASUALTY CLAIMS.

5. Principal Office Address

No. and Street: 2501 MCGAVOCK PIKE, SUITE 802

City or Town: NASHVILLE

State: TN Zip: 37214 Country: USA

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

Contact Name: PAMELA SUE FINCH Contact Title: COO

No. and Street: 2501 MCGAVOCK PIKE, SUITE 802

City or Town: NASHVILLE

State: TN Zip: 37214 Country: USA

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	PAMELA SUE FINCH	2501 MCGAVOCK PIKE, SUITE 802 NASHVILLE, TN 37214 USA

MANAGER	CAROLYN V ADKINS	2501 MCGAVOCK PIKE, SUITE 802 NASHVILLE, TN 37214 USA
MANAGER	GLENN BACKUS	2501 MCGAVOCK PIKE, SUITE 802 NASHVILLE, TN 37214 USA

**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 13 Day of July, 2018 at 9:48:17 AM 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 PAMELA SUE FINCH
Signature of Authorized Person

Form No. 632
Revised 09/07

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