



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019** Amended Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

2019 JUN -6 AM 10:25
RECEIVED
CORPORATION
STATE OF RHODE ISLAND
BUSINESS SERVICES DIVISION

1. Entity ID Number 000535063		2. Exact name of the Corporation Alliance HealthCare Services, Inc.			
3. Principal Office Address 18201 Von Karman Ave., Suite 600			City Irvine	State CA	Zip 92612
4. NAICS Code 621999		6. Brief description of the character of business conducted in Rhode Island Provides Healthcare Services			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rhonda Longmore-Grund			Vice-President Name		
Street Address 18201 Von Karman Ave., Suite 600			Street Address		
City Irvine	State CA	Zip 92612	City	State	Zip
Secretary Name Richard W. Johns			Treasurer Name		
Street Address 18201 Von Karman Ave., Suite 600			Street Address		
City Irvine	State CA	Zip 92612	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Heping Feng			Director Name Yong Ge		
Street Address 18201 Von Karman Ave., Suite 600			Street Address 18201 Von Karman Ave., Suite 600		
City Irvine	State CA	Zip 92612	City Irvine	State CA	Zip 92612
Director Name Rhonda Longmore-Grund			Director Name Paul S. Viviano		
Street Address 18201 Von Karman Ave., Suite 600			Street Address 18201 Von Karman Ave., Suite 600		
City Irvine	State CA	Zip 92612	City Irvine	State CA	Zip 92612
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIFS	PAR VAL UF
			1000	STK	.01
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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 Representative Richard W. Johns					Date 06/03/2019
Signature of Authorized Representative 					

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

FILED
JUN 06 2019
BY A.A. 10:25 A.M.

Additional Director-

Qisen Huang 18201 Von Karman Ave., Suite 600 Irvine, CA 92612