S	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00				
	Division Of Business 148 W. River S Providence RI 0290 (401) 222 20	areet 04-2615					
HOPE	(401) 222-30	10					
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: 2019							
1. ID No. <u>000843041</u>							
2. Exact Name of the Limited Liability Company <u>ACENTIA, LLC</u>							
3. State of Formation							
State: MD							
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.							
<u>541511</u>							
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island							
SOFTWARE PROGRAMMING							
5. Principal Office Addre	SS						
No. and Street: <u>1891 METRO CENTER DRIVE</u> SUITE 800							
City or Town: <u>REST</u>		tate: <u>VA</u> Zip: <u>20190</u> Cou	ntry: <u>USA</u>				
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:							
Contact Name: Contact Title:							
No. and Street: <u>1891 METRO CENTER DRIVE</u> SUITE 800							
City or Town: <u>REST(</u>		tate: <u>VA</u> Zip: <u>20190</u> Cou	intry: <u>USA</u>				
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS							
Title	Individual Name	Address					
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country					
MANAGER THOMAS ROMEO 1891 METRO CENTER D		E, SUITE 800					

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RICHARD NADEAU

RESTON, VA 20190 USA

1891 METRO CENTER DRIVE, SUITE 800 RESTON, VA 20190 USA

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 3 Day of October, 2019 at 12:32:38 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 <u>PETER N. VAETH</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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