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: 2019

1. ID No. 001685012

2. Exact Name of the Limited Liability Company Crowe Healthcare Risk Consulting LLC

3. State of Formation

State: MO

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.

541990

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

INTERNAL AUDITING SERVICES

5. Principal Office Address

No. and Street: 231 SOUTH BEMISTON AVENUE, SUITE 300
City or Town: CLAYTON State: MO Zip: 63105 Country: USA

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

Contact Name: Contact Title:
No. and Street: 321 SOUTH BEMISTON AVENUE, SUITE 300
City or Town: CLAYTON State: MO Zip: 63105 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	JAMES L. POWERS	3815 RIVER CROSSING PARKWAY INDIANAPOLIS, IN 46240-0977 USA
MANAGER	MITCH H. MELFI	198 INVERNESS DR W STE 800

		ENGLEWOOD, CO 80112 USA
MANAGER	ELIZABETH C. FOSHAGE	101 S HANLEY RD STE 450 CLAYTON, MO 63105 USA
MANAGER	STEVEN STRAMMELLO	3815 RIVER CROSSING PKWY STE 300 INDIANAPOLIS, IN 46240-0977 USA
MANAGER	SARAH A. COLE	231 S BEMISTON AVE STE 300 CLAYTON, MO 63105 USA

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

CT CORPORATION SYSTEM 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 15 Day of October, 2019 at 10:45:51 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 SARAH A. COLE
Signature of Authorized Person

Form No. 632
Revised 09/07