

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
MAR 02 2020
7400

1. Entity ID Number 001675366		2. Exact name of the Corporation HEALTHTECH SOLUTIONS, LLC					
3. Principal Office Address 2030 HOOVER BLVD.			City FRANKFORT	State KY	Zip 40601		
4. NAICS Code 541511		6. Brief description of the character of business conducted in Rhode Island SOFTWARE PRODUCT					
5. State of Incorporation KY							
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>		
President Name SANDEEP KAPOOR			Vice-President Name FRANK LASSITER				
Street Address 165 WIMBLEDON DRIVE			Street Address 496 SHADY LANE				
City FRANKFORT	State KY	Zip 40601	City MIDWAY	State KY	Zip 40347		
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. Shares Authorized		10. Shares Issued				Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIALS		PAR VALUE	
		0					
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 Franklin Lassiter						Date 2/24/2019	
Signature of Authorized Representative FRANKLIN LASSITER							

MAIL TO:

Division of Business Services
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