



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

Annual Report for the year: 2019
Limited Liability Company

- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

FILED

AUG 13 2020

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1. Entity ID Number <u>000577190</u>		2. Exact name of the Limited Liability Company <u>Health Care Strategic Solutions, LLC</u>	
3. NAICS Code <u>541611</u>		4. Brief description of the character of business conducted in Rhode Island <u>Health care management consulting</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>41 ALFRED DROWN RD</u>		City <u>BARRINGTON</u>	State <u>RI</u>
		Zip <u>02806</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>JOHN FOGARTY</u>		Contact Title <u>President</u>	
Street Address <u>41 ALFRED DROWN RD</u>		City <u>BARRINGTON</u>	State <u>RI</u>
		Zip <u>02806</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>JOHN FOGARTY</u>		Manager Name	
Street Address <u>41 ALFRED DROWN RD</u>		Street Address	
City <u>BARRINGTON</u>	State <u>RI</u>	City	Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	Zip
Check the box to indicate an attachment <input type="checkbox"/>			
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.			
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 Person <u>JOHN FOGARTY</u>		Date <u>8/9/2020</u>	
Signature of Authorized Person 		SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services
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