



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.

1. Entity ID Number 001674840		2. Exact name of the Corporation HealthLinx Transitional Leadership, Inc.			
3. Principal Office Address 1404 Goodale Blvd Suite 400			City Columbus	State OH	Zip 43212
4. NAICS Code 541611	6. Brief description of the character of business conducted in Rhode Island ADMINISTRATIVE MANAGEMENT AND MANAGEMENT SERVICES				
5. State of Incorporation OH					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Matthew P Berry			Vice-President Name Paul D Ferrell		
Street Address 1404 Goodale Blvd, Ste 400			Street Address 870 Corporate Dr. Suite 200		
City Columbus	State OH	Zip 43212	City Lexington	State KY	Zip 40503
Secretary Name None			Treasurer Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
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/SERIES	PAR VALUE
		None	None	None	
		None	None	None	
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 Matthew Berry				Date	
Signature of Authorized Representative <i>Matthew Berry</i>				FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.n.gov

SEP 03 2020
BY *[Signature]* 66387
FORM 830 - Revised: 10/2017