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	2. Exact name of the Corporation
001674840	HealthLinx Transitional Leadership, Inc.

3. Principal Office Address	City	State	Zip
1404 Goodale Blvd Suite 400	Columbus	OH	43212

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541611	ADMINISTRATIVE MANAGEMENT AND MANAGEMENT SERVICES
5. State of Incorporation	
OH	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Matthew P Berry	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 ☐

Director Name	Director Name
None	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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

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:

FILED
SEP 03 2020
BY

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