



**State of Rhode Island
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: 2020

1. ID No. 001686017

2. Exact Name of the Limited Liability Company Schramm Health Partners, LLC

3. State of Formation

State: AZ

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.

541612

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

HEALTH CARE STRATEGY AND ACTUARIAL CONSULTING

5. Principal Office Address

No. and Street: 7400 EAST MCDONALD DRIVE, SUITE 101

City or Town: SCOTTSDALE

State: AZ Zip: 85250 Country: USA

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

Contact Name: Contact Title:

No. and Street: 7400 EAST MCDONALD DRIVE,
SUITE 101

City or Town: SCOTTSDALE

State: AZ Zip: 85250 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	STEVE SCHRAMM	7400 EAST MCDONALD DRIVE, SUITE 101 SCOTTSDALE, AZ 85250 USA

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

INCORP SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 12 Day of October, 2020 at 6:02:23 PM 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 STEVEN SCHRAMM
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2020 State of Rhode Island
All Rights Reserved