

Annual Report for the year: 2020 **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.

* 4	S. 08	ŀ	
ገቦቸ	1	q	202

1. Entity ID Number	2. Exact	2. Exact name of the Limited Liability Company						
892323		BILLING PLUS, LLC						
3. NAICS Code 541214	4. Brief do MEDICAI	Brief description of the character of business conducted in Rhode Island MEDICAL BILLING AND THIRD PARTY BILLING SERVICES						
5. State of Formation RHODE ISLAND								
Principal Office Address RICHARD DRIVE			City PORTSMOUTH	State RI	Zip 02871			
7. Mailing Address of Limite	ed Liability Comp	any and Name o	or Title of Contact Person					
Contact Name KATHLEEN TYLER		Contact Title MEMBER						
Street Address 65 RICHARD DRIVE			City PORTSMOUTH	State RI	<sup>Zip</sup> 02871			
8. List ALL managers (nam	es and addresse	s) of the Limited	Liability Company, IF APPLICABL	F - DO NOT LIST				
Manager Name N/A			Manager Name N/A					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Manager Name N/A			Manager Name N/A					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
O. The Pecident America				Check the box to i	ndicate an attachment			
Under panelty of parisms	nation currently	of record with the	e RI Department of State is accura	te. Changes require	e filing Form 642			
statements, and that all sta	declare and aff atements conta	irm that I have i ined herein are	examined this report, including a true and correct.	any accompanyin	g schedules and			
Name of Authorized Person				Date				
KATHLEEN TYLER, MEMBER				ļ <u>.</u>	3-20			
Signature of Authorized Bers	Ja la	-		///	3 40			

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov