



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

**FILED**

**Annual Report for the year:** 2020  
**Limited Liability Company**

OCT 20 2020  
 BY 1412 DS

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

1. Entity ID Number <b>1038467</b>		2. Exact name of the Limited Liability Company <b>EHR Assist, LLC</b>			
3. NAICS Code <u>541690</u> 81 - Other Services (except Pub		4. Brief description of the character of business conducted in Rhode Island <b>consulting and psychotherapy</b>			
5. State of Formation <b>RHODE ISLAND</b>					
6. Principal Office Address <b>354 Broadway</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Eileen Casella Rider</b>			Contact Title <b>Member</b>		
Street Address <b>354 Broadway</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	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.					
<b>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.</b>					
Name of Authorized Person <b>Eileen Casella Rider</b>				Date <b>10-14-2020</b>	
Signature of Authorized Person <i>Eileen Casella Rider</i> SIGN DOCUMENT HERE					

**MAIL TO:**

**Division of Business Services**  
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 Website: [www.sos.ri.gov](http://www.sos.ri.gov)