	State of Rhode	sland	Fee: \$50.00
	Office of the Secreta	ry of State	
		с :	
	Division Of Business		
	148 W. River St		
	Providence RI 0290		
HOPE	(401) 222-304	10	
Limited Liability Com Annual Report Filing Period: September 1	- November 1	any failing or refusing	
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:	<u>2020</u>		
1. ID No. <u>000891213</u>			
2. Exact Name of the Limited Liability Company <u>COTIVITI, LLC</u>			
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>541219</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
OTHER ACCOUNTING SERVICES			
5. Principal Office Addre	SS		
	GLENLAKE PARKWAY		
City or Town: <u>ATLA</u>		tate: <u>GA</u> Zip: <u>30328</u> Country	:: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
No. and Street: ONE GLENLAKE PARKWAY			
SUITE			
City or Town: ATLA		ate: <u>GA</u> Zip: <u>30328</u> Country	: USA
		<u> </u>	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code,	Country
MANAGER	COTIVITI DOMESTIC HOLDINGS, INC.	ONE GLENLAKE PARKWAY, SU	
		UNE GLEINLARE PARRIVAL, SU	116 140

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

CORPORATION SERVICE COMPANY 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 27 Day of October, 2020 at 10:43:39 AM 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 EMAD RIZK

Signature of Authorized Person

Form No. 632 Revised 09/07

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