		State of Rhode Is Office of the Secretary		e: \$50.00	
		Division Of Business S 148 W. River Stree Providence RI 02904 (401) 222 2040	eet -2615		
	HOPE	(401) 222-3040	)		
ļ	Limited Liability Company Annual Report Filing Period: September 1 - Nov				
r	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					
	<b>1. ID No.</b> <u>001337516</u>				
2. Exact Name of the Limited Liability Company <u>RECEIVABLES OUTSOURCING, LLC</u>					
3. State of Formation					
	State: <u>MD</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>561440</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island					
HEALTHCARE REVENUE CYCLE MANAGEMENT - BILLING AND COLLECTIONS					
	5. Principal Office Address				
	No. and Street: <u>1920 GRE</u> City or Town: <u>TIMONIU</u>	ENSPRING DRIVE, SUITE 200 M	State: <u>MD</u> Zip: <u>21093</u> Country: <u>US</u>	<u>5A</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:					
Contact Name: Contact Title: No. and Street: <u>C/O COGNIZANT TECHNOLOGY SOLUTIONS LEGAL DEPT.</u> 500 FRANK W. BURR BOULEVARD					
	City or Town: <u>TEANECK</u>	<u>IV. BURR BOULEVARD</u>	State: NJ Zip: 07666Country	: <u>USA</u>	
	7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
	Title	Individual Name	Address		
	MANAGER	First, Middle, Last, Suffix ROI HOLDING COMPANY, LLC	Address, City or Town, State, Zip Code, Country 1920 GREENSPRING DRIVE, SUITE 200		
			TIMONIUM. MD 21093 USA		

## 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 11:19:38 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 MANDY HENDRICKS

Signature of Authorized Person

Form No. 632 Revised 09/07

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