



State of Rhode Island

## Department of State - Business Services Division

**FILED**

OCT 26 2020

BY

19350

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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.

1. Entity ID Number 001657050		2. Exact name of the Limited Liability Company BE YOUR BILLER, LLC			
3. NAICS Code 813920		4. Brief description of the character of business conducted in Rhode Island Medical billing provider			
5. State of Formation RI					
6. Principal Office Address 2733 Post Road		City Warwick		State RI	Zip 02886
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Stephen W. Patch		Contact Title Member			
Street Address 2733 Post Road		City Warwick		State RI	Zip 02886
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name None		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. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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.					
Name of Authorized Person Stephen W. Patch				Date 10/15/2020	
Signature of Authorized Person 					

## MAIL TO:

Division of Business Services

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