



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: September 1 - November 1*

*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

**1. ID No.** 000142520

**2. Exact Name of the Limited Liability Company** NETWORK PROVIDERS, LLC

**3. State of Formation**

State: DE

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541611

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

HEALTHCARE MANGEMENT PROGRAM (TRICARE-DEPT. OF DEFENSE)

**5. Principal Office Address**

No. and Street: 10730 INTERNATIONAL DRIVE

City or Town: RANCHO CORDOVA

State: CA Zip: 95760 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 7700 FORSYTH BLVD.

City or Town: ST. LOUIS

State: MO Zip: 63105 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	KEVIN COUNIHAN	7700 FORSYTH BLVD. ST. LOUIS, MO 63105 USA
MANAGER	KATHLEEN REDD	10730 INTERNATIONAL DR

		RANCHO CORDOVA, CA 95670 USA
MANAGER	JOYCE GRISSOM	10730 INTERNATIONAL DR RANCHO CORDOVA, CA 95670 USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 30 Day of October, 2020 at 1:46:43 PM 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 TRICIA DINKELMAN  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2020 State of Rhode Island  
All Rights Reserved