



**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. 001667453

2. Exact Name of the Limited Liability Company MH HEALTH CARE ADVISERS LLC

3. State of Formation

State: RI

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 GENERAL MANAGEMENT CONSULTING

5. Principal Office Address

No. and Street: 503 DELAWARE AVE APT 3J

City or Town: BUFFALO

State: NY Zip: 14202 Country: USA

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

Contact Name: MICHAEL W HUDSON Contact Title: SECRETARY

No. and Street: 503 DELAWARE AVE APT 3J

City or Town: BUFFALO

State: NY Zip: 14202 Country: USA

**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 |

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MICHAEL ST. PIERRE REVENS, REVENS & ST. PIERRE 946 CENTERVILLE ROAD WARWICK , RI
02886

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

Signed this 12 Day of November, 2020 at 4:04:24 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 MICHAEL W HUDSON
Signature of Authorized Person

Form No. 632
Revised 09/07

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