



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

Fee: \$20.00

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

**Foreign Non-Profit
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000798469

2. Name of Corporation UHealthSolutions, Inc.

3. State of Incorporation

State: MA

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813990

4. Corporate Address in Rhode Island

No. and Street: NATIONAL REGISTERED AGENTS, INC.
450 VETERANS MEMORIAL PARKWAY,
SUITE 7A

City or Town: EAST PROVIDENCE

State: RI Zip: 02914Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PROVIDES ADMINISTRATIVE SUPPORT TO AGENCIES PROVIDING HEALTHCARE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN C LINDSTEDT	55 LAKE AVE. WORCESTER, MA 01655 USA
TREASURER	MARCY CULVERWELL	333 SOUTH ST. SHREWSBURY, MA 01545 USA
SECRETARY	JAMES G HEALY	55 LAKE AVENUE NORTH WORCESTER, MA 01655 USA
DIRECTOR	PATTI A ONORATO	333 SOUTH STREET SHREWSBURY, MA 01545 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 15 Day of January, 2021 at 3:55:19 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 § 7-6.

By LARISSA PROCTOR
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2021 State of Rhode Island
All Rights Reserved