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

Foreign Business Corporation Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000870291

2. Name of Corporation Orion Health Inc.

3. Street Address Principal Business Office:

No. and Street: 265 FRANKLIN ST, STE 403
SUITE B100
City or Town: BOSTON State: MA Zip: 02110 Country: USA

4. Business Phone No.

310-745-0077

5. State of Incorporation

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.

541519

6. Brief Description of the Character of Business Conducted in Rhode Island

E-HEALTH SOFTWARE SOLUTIONS PROVIDER

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	IAN MCCRAE MCCRAE	181 GRAFTON ROAD AUCKLAND 1010 NZL

TREASURER	SEAN DONOGHUE	265 FRANKLIN ST, STE 403 BOSTON, MA 02110 USA
SECRETARY	DEBORAH WAHL	7350 E EVANS ROAD, STE B100 SCOTTSDALE, AZ 85260 USA
OTHER OFFICER	IAN MCCRAE MCCRAE	265 FRANKLIN ST, STE 403 SCOTTSDALE, AZ 85260 UNI
DIRECTOR	IAN R MCCRAE	181 GRAFTON ROAD AUCKLAND, NZ 1150 NZL

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CWP		$1.0000	100.00	100

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 3 Day of February, 2021 at 4:43:57 PM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KAREN MCCLOSKEY
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07