



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. 000090750

2. Name of Corporation Beacon Health Options, Inc.

3. Street Address Principal Business Office:

No. and Street: 220 VIRGINIA AVENUE

City or Town: INDIANAPOLIS

State: IN

Zip: 46204

Country: USA

4. Business Phone No.

317-488-6000

5. State of Incorporation

State: VA

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.

524292

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

MANAGED BEHAVIORIAL HEALTHCARE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	SUSAN MARY COAKLEY	200 STATE STREET, SUITE 302 BOSTON, MA 02109 USA
TREASURER	VINCENT EDWARD SCHER	220 VIRGINIA AVENUE

		INDIANAPOLIS, IN 46204 USA
SECRETARY	KATHLEEN SUSAN KIEFER	220 VIRGINIA AVENUE INDIANAPOLIS, IN 46204 USA
ASSISTANT TREASURER	ERIC KENNETH NOBLE	220 VIRGINIA AVENUE INDIANAPOLIS, IN 46204 USA
ASSISTANT SECRETARY	DANIEL MARK RISKU	200 STATE STREET, SUITE 302 BOSTON, MA 02109 USA
ASSISTANT SECRETARY	REBECCA HALTON WHITE	1400 CROSSWAYS BOULEVARD, SUITE 101 CHESAPEAKE, VA 23320 USA
DIRECTOR	SUSAN MARY COAKLEY	200 STATE STREET, SUITE 302 BOSTON, MA 02109 USA
DIRECTOR	DANIEL MARK RISKU	200 STATE STREET, SUITE 302 BOSTON, MA 02109 USA
DIRECTOR	JAY HARRY WAGNER	220 VIRGINIA AVENUE INDIANAPOLIS, IN 46204 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.0000	1,000.00	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 19 Day of February, 2021 at 2:31:24 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 KATHLEEN SUSAN KIEFER
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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