



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: 2021

1. ID No. 001706202

2. Exact Name of the Limited Liability Company HUMANEDGE ALLIED HEALTH LLC

3. State of Formation

State: FL

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.

561320

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

TO PROVIDE TEMPORARY STAFFING SERVICES TO OUR CLIENTS WITHIN THE HEALTH CARE INDUSTRY.

5. Principal Office Address

No. and Street: 1100 PARK CENTRAL BOULEVARD SOUTH, SUITE 3400

City or Town: POMPANO BEACH State: FL Zip: 33064 Country: USA

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

Contact Name: Contact Title:

No. and Street: 30 GLENN STREET SUITE 401

City or Town: WHITE PLAINS State: NY Zip: 10603 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 |
|---------|-----------------------------|--|
| MANAGER | PAUL SCHWABE | 1101 ISLAND DRIVE DELRAY BEACH, FL 33483 USA |
| MANAGER | ARTHUR SCHWABE | 16 DEER PARK MEADOW RD GREENWICH, CT 06830-3835 USA |

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

URS AGENTS, LLC 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 1 Day of September, 2021 at 1:50:41 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 PAUL SCHWABE
Signature of Authorized Person

Form No. 632
Revised 09/07

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