



**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. 001044223**

**2. Exact Name of the Limited Liability Company TRHC TPA, LLC**

**3. State of Formation**

State: WI

**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

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

**PHARMACY BENEFIT MANAGER**

**5. Principal Office Address**

No. and Street: 2411 N. HILLCREST PARKWAY, STE 1A

City or Town: ALTOONA

State: WI Zip: 54720 Country: USA

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

Contact Name: RICHARD B. GREENE Contact Title: VP OF REGULATORY AFFAIRS

No. and Street: 228 STRAWBRIDGE DR., STE 100

City or Town: MOORESTOWN

State: NJ Zip: 08057 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**

**DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	CALVIN H KNOWLTON	2411 N HILLCREST PKWY, STE 1A ALTOONA, WI 54720 USA
MANAGER	ORSULA V KNOWLTON	2411 N HILLCREST PKWY, STE 1A

MANAGER	BRIAN W ADAMS	ALTOONA, WI 54720 USA 2411 N HILLCREST PKWY, STE 1A ALTOONA, WI 54720 USA
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

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

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

**Signed this 24 Day of September, 2021 at 4:19:13 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 RICHARD B. GREENE  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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