RI SOS Filing Number: 202102235740 Date: 9/27/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
SEP 27 2021
BY

Annual Report for the year: 2021
Limited Liability Company

→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company		
1053981	MED LINKAGE, LLC		
3. NAICS Code: 541613	4. Brief description of the character of business conducted in Rhode Island: SALES AND CONSULTING		
5. State of Formation: RHODE ISLAND			
6. Principal Office Address: 300 High Point Ave	City: N Portsmouth	State: RI	Zip: ~~02842~~ 02871
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: ROBERT J. KIELBASA	Contact Title: MEMBER		
Street Address: ~~12~~ 30 High Point Ave	City: Portsmouth	State: RI	Zip: ~~02842~~ 02871
8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**			
Manager Name: N/A	Manager Name: N/A		
Street Address	Street Address		
City / State / Zip	City / State / Zip		
Manager Name: N/A	Manager Name: N/A		
Street Address	Street Address		
City / State / Zip	City / State / Zip		

Check the box to indicate an attachment ☐

9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Person	Date
ROBERT J. KIELBASA, MEMBER	9/21/21

Signature of Authorized Person: Robert J Kielbasa

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 632 - Revised: 08/2020