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. 001693077

2. Exact Name of the Limited Liability Company Strategies and Solutions, LLC

3. State of Formation

State: RI

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.

541618

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

STRATEGIES AND SOLUTIONS, LLC, (S&S) IS A HEALTHCARE CONSULTING FIRM SPECIALIZING IN ADVANCED ANALYTICS TO PROVIDE INSIGHT AND SUPPORT INNOVATION NEEDED FOR CHANGE. S&S CONSULTS WITH STATE AGENCIES, HEALTHCARE PROVIDERS, HEALTH INSURERS, EMPLOYERS, INSTITUTIONS OF HIGHER
EDUCATION, AND CONSUMERS. S&S WORKS WITH PROGRAMS AND SERVICES DESIGNED
TO IMPROVE THE WELL-BEING OF CHILDREN, ADULTS, FAMILIES, AND COMMUNITIES, WITH A FOCUS ON THE UNDERSERVED, VULNERABLE AND SPECIAL NEEDS POPULATIONS. S&S HAS TECHNICAL DEPTH IN THE HEALTHCARE/ INSURANCE
INDUSTRY, NONPROFIT ORGANIZATIONS, GOVERNMENT, MANAGED CARE, AND SOCIAL
SERVICES. S&S EXPERTISE INCLUDES PROGRAM DESIGN, STRATEGIC PLANNING, COST BENEFIT ANALYSIS, PRODUCT PRICING, AND ACTUARIAL SERVICE. S&S SUPPORTS STAKEHOLDERS AND DECISION MAKERS ON BUDGETARY CONCERNS, COST
AND UTILIZATION TRENDS, PROGRAM SUCCESSES, UNMET NEEDS AND OPPORTUNITIES

FOR ENHANCEMENTS.

5. Principal Office Address

No. and Street: 89 HAWTHORNE AVENUE
City or Town: WARWICK State: RI Zip: 02886 Country: USA

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

Contact Name: KIMBERLY C. BOOTH Contact Title: OWNER
No. and Street: 89 HAWTHORNE AVENUE
City or Town: WARWICK State: RI Zip: 02886 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

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

KIMBERLY C BOOTH 89 HAWTHORNE AVENUE WARWICK , RI 02886

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

Signed this 7 Day of October, 2021 at 12:29:42 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 KIMBERLY C. BOOTH
Signature of Authorized Person

Form No. 632
Revised 09/07

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