State of Rhode Island
Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 OCT -8 PM 2:50

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		
001658801	**LocumTenens.com, LLC**		
3. NAICS Code: 561320	4. Brief description of the character of business conducted in Rhode Island: temporary physician search		
5. State of Formation: GA			
6. Principal Office Address: 2655 Northwinds Parkway	City: Alpharetta	State: GA	Zip: 30009
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: Tiphanie McAfee	Contact Title: Corporate Paralegal		
Street Address: 2655 Northwinds Parkway	City: Alpharetta	State: GA	Zip: 30009
8. List **ALL** managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - **DO NOT LIST MEMBERS**			
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City / State / Zip		
Manager Name	Manager Name		
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: Tiphanie McAfee	Date: 10/08/2021		
Signature of Authorized Person			

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

FILED
OCT 08 2021
BY 04591
A.A. 2:52pm

FORM 532 - Revised: 08/2020