

FILED STAMP

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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				
1038467	EHR Assist, LLC				
3. NAICS Code 541 690	Brief description of the character of business conducted in Rhode Island				
81 - Other Services (except Pub-	consulting and psychotherapy				
5. State of Formation					
RHODE ISLAND					
6. Principal Office Address			City	State	Zip
354 Broadway			Providence	RI	02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Eileen Casella Rider			Contact Title Member		
Street Address 354 Broadway			City Providence	State RI	^{Zip} 02909
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 in	ndicate an attachment
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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					0 -
Eileen Casella Rider				/ /0-	7-21 _
Signature of Authorized Person Of Children Comment Here					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov