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. 001670216

2. Exact Name of the Limited Liability Company MHN Services, LLC

3. State of Formation

State: CA

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.

622110

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

MANAGED BEHAVIORAL HEALTH CARE

5. Principal Office Address

No. and Street: 3420 OCEAN PARK BLVD.
City or Town: SANTA MONICA State: CA Zip: 90405 Country: USA

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

Contact Name: Contact Title:
No. and Street: 7700 FORSYTH BLVD.
City or Town: ST. LOUIS State: MO Zip: 63105 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	DEVAN J. CROSS	2370 KERNER BLVD. SAN RAFAEL, CA 94901 USA
MANAGER	LYNETTE ORME	2370 KERNER BLVD

		SAN RAFAEL, CA 94901 USA

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

CT CORPORATION SYSTEM 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 29 Day of October, 2021 at 10:10:23 AM 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 TRICIA DINKELMAN
Signature of Authorized Person

Form No. 632
Revised 09/07

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