



**State of Rhode Island  
Office of the Secretary of State**

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Domestic Limited Liability Company  
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2021

**1. ID No.** 000688878

**2. Exact Name of the Limited Liability Company** WOMEN & INFANTS HEALTH CARE ALLIANCE, 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.

621999

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

PHYSICIAN MEDICAL PRACTICE

**5. Principal Office Address**

No. and Street: 101 DUDLEY STREET  
City or Town: PROVIDENCE State: RI Zip: 02905 Country: USA

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

Contact Name: KATHERINE WILLS Contact Title:  
No. and Street: 101 DUDLEY STREET  
City or Town: PROVIDENCE State: RI Zip: 02905 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**

KATHERINE WILLS 101 DUDLEY STREET PROVIDENCE , RI 02905

**Signed this 2 Day of November, 2021 at 1:29:07 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 KATHERINE WILLS  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2021 State of Rhode Island  
All Rights Reserved