RI SOS Filing Number: 202104972580 Date: 11/8/2021 4:00:00 PM

Annual Report for the year: 2021 **Limited Liability Company** 

NOV 08 2021

→ 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				
001709523	180 Degree Solutions, LLC				
3 NAICS Code 5 State of Formation Rhode Island	4. Brief description of the character of business conducted in Rhode Island  Consultation services to health care clients				
6 Principal Office Address  48 Linsoln Drive 171 CharloTTC Drive			City F. Greenwick North-Smithfield	State RI	0289 <del>0</del> 0289 <del>0</del> 028/3
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Richard R. Charest, R.Ph. MBA			Contact Title Member		
Street Address 18 Lincoln Brive 171 Charlotte Nr			Oty North Smithfield	State RI	<sup>ζ(ρ</sup> .03898) <b>02.8/</b> 9
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	Zıp	City	State	Z <sup>,</sup> p
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
	<del> </del>	<u> </u>	Ch	eck the box to it	nd cate 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 Date					
Richard R. Charest, R.Ph. MBA					
Signature of Authorized Person  (SN TROCULTITIVE HILPS					

MAIL TO:

Division of Business Services

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

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