



**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: February 1 - May 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:** 2022

**1. ID No.** 001728617

**2. Exact Name of the Limited Liability Company** CHC Management Services, LLC

**3. State of Formation**

State: MO

**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.

621399

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

THE PURPOSES OF THE COMPANY (WHETHER DIRECTLY OR INDIRECTLY THROUGH ONE OR MORE SUBSIDIARIES) ARE TO CARRY ON ANY LAWFUL BUSINESS, PURPOSE OR ACTIVITY FOR WHICH LIMITED LIABILITY COMPANIES MAY BE FORMED UNDER THE ACT AND ENGAGING IN ANY AND ALL ACTIVITIES NECESSARY OR INCIDENTAL TO THE FOREGOING.  
(SECTION 2, AMENDED AND RESTATED LLC AGREEMENT)

**5. Principal Office Address**

No. and Street: 680 SOUTH FOURTH STREET  
ATTN: TAX DEPT.

City or Town: LOUISVILLE State: KY Zip: 40202 Country: USA

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

Contact Name: Contact Title:  
No. and Street: 680 SOUTH FOURTH STREET  
City or Town: LOUISVILLE

State: KY Zip: 40202 Country: USA

**7. 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

**8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 19 Day of April, 2022 at 10:28:44 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 COTY BACON  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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