	Rhode Island Fee: \$50.0 Secretary of State
	Business Services
148 W. H	River Street
Providence 1	RI 02904-2615
1636 (401) 2	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 refusing to file its annual report within thirty (30) day	
law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee	
ANNUAL REPORT YEAR: 2023	
1. ID No. <u>001746929</u>	
2. Exact Name of the Limited Liability Company <u>ViewFi Health National Provider Services, LLC</u>	
3. State of Formation	
State: <u>OH</u>	
ARTIC	
Enter the six digit NAICS Code that best describes to Download the list of codes here. More information of	
Download the list of codes mere. More information of	MACO can be found online.
<u>621112</u>	
4. Brief Description of the Character of the Busine Island	ess Which is Actually Conducted in Rhode
PROVIDE MEDICAL SERVICE	
5. Principal Office Address	
No. and Street: <u>3480 PEACHTREE RD NE</u>	
STE 130 City or Town: <u>ATLANTA</u>	State: <u>GA</u> Zip: <u>30326</u> Country: <u>USA</u>
· · · · · · · · · · · · · · · · · · ·	
6. Mailing Address of Limited Liability Company a	Ind Name or Title of Contact Person:
Contact Name: Contact Title:	
No. and Street: <u>3480 PEACHTREE RD NE</u>	
<u>STE 130</u> City or Town: <u>ATLANTA</u>	State: <u>GA</u> Zip: <u>30326</u> Country: <u>USA</u>

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

COGENCY GLOBAL INC. 222 JEFFERSON BOULEVARD WARWICK, RI 02888

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

Signed this 11 Day of April, 2023 at 6:21:12 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 MICHAEL WILLIAMSON

Signature of Authorized Person

Form No. 632 Revised 09/07

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