



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023

## Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 APR 20 A 10:22

|   |             |   |                                       |              |              |
|---|-------------|---|---------------------------------------|--------------|--------------|
| 1. Entity ID Number<br>000122240  |             | 2. Exact name of the Corporation<br>Creating Solutions for Healthcare, Inc.   |                                       |              |              |
| 3. Principal Office Address<br>329 Ives Street  |             |   | City<br>Providence                    | State<br>RI  | Zip<br>02906 |
| 4. NAICS Code<br>541690   |             | 6. Brief description of the character of business conducted in Rhode Island<br>To provide consulting services for the healthcare industry |                                       |              |              |
| 5. State of Incorporation<br>RI   |             |   |                                       |              |              |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |             |   |                                       |              |              |
| President Name<br>Eileen Dobbing  |             |   | Vice-President Name<br>Eileen Dobbing |              |              |
| Street Address<br>329 Ives Street   |             |   | Street Address<br>329 Ives Street     |              |              |
| City<br>Providence  | State<br>RI | Zip<br>02906  | City<br>Providence                    | State<br>RI  | Zip<br>02906 |
| Secretary Name<br>Eileen Dobbing  |             |   | Treasurer Name<br>Eileen Dobbing      |              |              |
| Street Address<br>329 Ives Street   |             |   | Street Address<br>329 Ives Street     |              |              |
| City<br>Providence  | State<br>RI | Zip<br>02906  | City<br>Providence                    | State<br>RI  | Zip<br>02906 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |   |                                       |              |              |
| Director Name   |             |   | Director Name                         |              |              |
| Street Address  |             |   | Street Address                        |              |              |
| City  | State       | Zip   | City                                  | State        | Zip          |
| Director Name   |             |   | Director Name                         |              |              |
| Street Address  |             |   | Street Address                        |              |              |
| City  | State       | Zip   | City                                  | State        | Zip          |
| 9. Shares Authorized  |             | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                     |                                       |              |              |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |             | NUMBER OF SHARES  |                                       | CLASS/SERIES | PAY VALUE    |
|   |             | 8000.00   | CNP                                   | 0.0000       |              |
| *1. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. |             |   |                                       |              |              |
| 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 Representative<br>Eileen Dobbing   |             |   |                                       |              | Date         |
| Signature of Authorized Representative<br><i>Eileen Dobbing</i>   |             |   |                                       |              |              |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

APR 20 2023

BY *3545*

FORM 630 - Revised 2/2023