



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 000122240	2. Exact name of the Corporation Creating Solutions for Healthcare, Inc.
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3. Principal Office Address 329 Ives Street	City Providence	State RI	Zip 02906
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4. NAICS Code 541690	6. Brief description of the character of business conducted in Rhode Island To provide consulting services for the healthcare industry
5. State of Incorporation 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 Eileen Dobbing			Vice-President Name Eileen Dobbing		
Street Address 329 Ives Street			Street Address 329 Ives Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Eileen Dobbing			Treasurer Name Eileen Dobbing		
Street Address 329 Ives Street			Street Address 329 Ives Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906

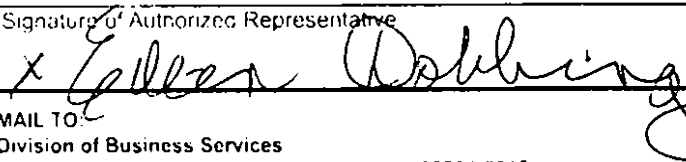
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street 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.  Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR 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 Eileen Dobbing	Date
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Signature of Authorized Representative  

FILED 3/10/2023

MAIL TO:  
 Division of Business Services  
 148 W River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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