



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

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 JUL 17 P 12:23

1. Entity ID Number 001707203		2. Exact name of the Corporation WellSky Corporation			
3. Principal Office Address 11300 Switzer Road			City Overland Park	State KS	Zip 66210
4. NAICS Code 541519		6. Brief description of the character of business conducted in Rhode Island Software sales			
5. State of Incorporation NY					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William J. Miller			Vice-President Name Stephen Morgan		
Street Address 11300 Switzer Road			Street Address 11300 Switzer Road		
City Overland Park	State KS	Zip 66210	City Overland Park	State KS	Zip 66210
Secretary Name Robert C. Weber			Treasurer Name Dusty Rudicel		
Street Address 11300 Switzer Road			Street Address 11300 Switzer Road		
City Overland Park	State KS	Zip 66210	City Overland Park	State KS	Zip 66210
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William J. Miller			Director Name Stephen Morgan		
Street Address 11300 Switzer Road			Street Address 11300 Switzer Road		
City Overland Park	State KS	Zip 66210	City Overland Park	State KS	Zip 66210
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	.01
11. 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 Dusty Rudicel					Date 6/6/23
Signature of Authorized Representative <i>[Signature]</i>					

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

FILED

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BY ML DH24C
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FORM 630 - Revised: 11/2021