



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2022  
**Corporation**

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 R.I. DEPT OF STATE  
 BUS SVCS DIV  
 2023 JUL 17 P 12:23

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>001707203</b>		2. Exact name of the Corporation <b>WellSky Corporation</b>	
3. Principal Office Address <b>11300 Switzer Road</b>		City <b>Overland Park</b>	State <b>KS</b>
		Zip <b>66210</b>	
4. NAICS Code <b>541519</b>	6. Brief description of the character of business conducted in Rhode Island <b>Software sales</b>		
5. State of Incorporation <b>NY</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>William J. Miller</b>		Vice-President Name <b>Stephen Morgan</b>	
Street Address <b>11300 Switzer Road</b>		Street Address <b>11300 Switzer Road</b>	
City <b>Overland Park</b>	State <b>KS</b>	Zip <b>66210</b>	City <b>Overland Park</b>
			State <b>KS</b>
			Zip <b>66210</b>
Secretary Name <b>Robert C. Weber</b>		Treasurer Name <b>Dusty Rudicel</b>	
Street Address <b>11300 Switzer Road</b>		Street Address <b>11300 Switzer Road</b>	
City <b>Overland Park</b>	State <b>KS</b>	Zip <b>66210</b>	City <b>Overland Park</b>
			State <b>KS</b>
			Zip <b>66210</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>William J. Miller</b>		Director Name <b>Stephen Morgan</b>	
Street Address <b>11300 Switzer Road</b>		Street Address <b>11300 Switzer Road</b>	
City <b>Overland Park</b>	State <b>KS</b>	Zip <b>66210</b>	City <b>Overland Park</b>
			State <b>KS</b>
			Zip <b>66210</b>
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	
		<b>100</b>	<b>Common</b>
			<b>.01</b>
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. <i>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.</i>			
Name of Authorized Representative <b>Dusty Rudicel</b>			Date <b>6/6/23</b>
Signature of Authorized Representative 			

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**

**JUL 17 2023**  
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