



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.

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BUS SVCS DIV

2023 AUG 18 P 12:19

1. Entity ID Number 000639314		2. Exact name of the Corporation ABILITY NETWORK INC.			
3. Principal Office Address 100 NORTH 6TH STREET, SUITE 900A			City MINNEAPOLIS	State MN	Zip 55403
4. NAICS Code 518210		6. Brief description of the character of business conducted in Rhode Island HEALTHCARE INFORMATION TECHNOLOGY			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Julie Lambert			Vice-President Name		
Street Address 4321 Collington Road			Street Address		
City Bowie	State MD	Zip 20716	City	State	Zip
Secretary Name Beverly Allen			Treasurer Name		
Street Address 4321 Collington Road			Street Address		
City Bowie	State MD	Zip 20716	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Keith R. Dunleavy, MD			Director Name Jonathan Boldt		
Street Address 4321 Collington Road			Street Address 4321 Collington Road		
City Bowie	State MD	Zip 20716	City Bowie	State MD	Zip 20716
Director Name Beverly Allen			Director Name		
Street Address 4321 Collington Road			Street Address		
City Bowie	State MD	Zip 20716	City	State	Zip
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100.00	CWP	\$0.0100	
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 Beverly Allen, Secretary				Date 8/14/2023	
Signature of Authorized Representative <i>Beverly Allen</i>				FILED	

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

AUG 18 2023

BY *[Signature]* 65EPQ
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FORM 630- Revised 04/2023