



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2023**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 BUS SVCS DIV

2023 AUG 30 P 2:51

1. Entity ID Number <b>000145620</b>		2. Exact name of the Corporation <b>PRA Services Corporation</b>			
3. Principal Office Address <b>100 Brookwood Place</b>			City <b>Birmingham</b>	State <b>AL</b>	Zip <b>35209</b>
4. NAICS Code <b>524292</b>		6. Brief description of the character of business conducted in Rhode Island <b>Administrative Claims Handling / Third Party Administration of Insurance and Pension Funds</b>			
5. State of Incorporation <b>Michigan</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>Robert D. Francis</b>			Vice-President Name		
Street Address <b>100 Brookwood Place</b>			Street Address		
City <b>Birmingham</b>	State <b>AL</b>	Zip <b>35209</b>	City	State	Zip
Secretary Name <b>Kathryn A. Neville</b>			Treasurer Name <b>Dana S. Hendricks</b>		
Street Address <b>100 Brookwood Place</b>			Street Address <b>100 Brookwood Place</b>		
City <b>Birmingham</b>	State <b>AL</b>	Zip <b>35209</b>	City <b>Birmingham</b>	State <b>AL</b>	Zip <b>35209</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>Jeffrey P. Lisenby</b>			Director Name <b>Darryl K. Thomas</b>		
Street Address <b>100 Brookwood Place</b>			Street Address <b>100 Brookwood Place</b>		
City <b>Birmingham</b>	State <b>AL</b>	Zip <b>35209</b>	City <b>Birmingham</b>	State <b>AL</b>	Zip <b>35209</b>
Director Name <b>Robert D. Francis</b>			Director Name		
Street Address <b>100 Brookwood Place</b>			Street Address		
City <b>Birmingham</b>	State <b>AL</b>	Zip <b>35209</b>	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
			1,000	CUP	\$1
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.					
<b>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.</b>					
Name of Authorized Representative <b>Kathryn A. Neville</b>				Date <b>8/29/2023</b>	
Signature of Authorized Representative <i>Kathryn A. Neville</i>				VRS <b>FILED</b> 253 <b>AUG 30 2023</b> BY <u>V63et</u>	

MAIL TO:  
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 Website: www.sos.ri.gov