



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

Annual Report for the year: 2022
Corporation

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2023 AUG 30 P 2:51

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

1. Entity ID Number 000145620		2. Exact name of the Corporation PRA Services Corporation			
3. Principal Office Address 100 Brookwood Place			City Birmingham	State AL	Zip 35209
4. NAICS Code 524292		6. Brief description of the character of business conducted in Rhode Island Administrative Claims Handling / Third Party Administration of Insurance and Pension Funds			
5. State of Incorporation Michigan					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael L. Boguski			Vice-President Name		
Street Address 100 Brookwood Place			Street Address		
City Birmingham	State AL	Zip 35209	City	State	Zip
Secretary Name Kathryn A. Neville			Treasurer Name Dana S. Hendricks		
Street Address 100 Brookwood Place			Street Address 100 Brookwood Place		
City Birmingham	State AL	Zip 35209	City Birmingham	State AL	Zip 35209
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jeffrey P. Lisenby			Director Name Darryl K. Thomas		
Street Address 100 Brookwood Place			Street Address 100 Brookwood Place		
City Birmingham	State AL	Zip 35209	City Birmingham	State AL	Zip 35209
Director Name Michael L. Boguski			Director Name		
Street Address 100 Brookwood Place			Street Address		
City Birmingham	State AL	Zip 35209	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	
		1,000	cwf	\$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. 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 Kathryn A. Neville				Date 8-29-2023	
Signature of Authorized Representative FILED 252					

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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