



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

Annual Report for the year: **2022**
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 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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 1,000	CLASS/SERIES cmf	PAR VALUE \$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 <i>Kathryn A. Neville</i>				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

AUG 30 2023
BY **v63eT**