




State of Rhode Island  
Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 OCT 27 A 11:28

Annual Report for the year: 2023  
Limited Liability Company

- 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<br><u>1706916</u>   |  | 2. Exact name of the Limited Liability Company<br><b>Emerge Healthcare</b>                                  |                    |
| 3. NAICS Code<br><u>541813</u>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Marketing Consultancy</b> |                    |
| 5. State of Formation<br><b>Rhode Island</b>  |  |   |                    |
| 6. Principal Office Address<br><b>11 Linden Rd</b>  |  | City<br><b>Barrington</b>   | State<br><b>RI</b> |
|   |  | Zip<br><b>02806</b>   |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |   |                    |
| Contact Name<br><b>Brian Morley</b>   |  | Contact Title<br><b>Founder</b>   |                    |
| Street Address<br><b>11 Linden Rd</b>   |  | City<br><b>Barrington</b>   | State<br><b>RI</b> |
|   |  | Zip<br><b>02806</b>   |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |  |   |                    |
| 9. 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 Person<br><b>Brian Morley</b>  |  | Date<br><u>10/27/23</u>   |                    |
| Signature of Authorized Person<br>   |  |   |                    |

FILED 1131

OCT 27 2023  
BY So/PF

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