

State of Rhode lelandDepartment of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SYCS DIV

2023 OCT 27 A II: 28

Annual Report for the year: 2022

- -> Filing period: February 1 May 1
- → Filing Fee: \$50.00 → Penalty: Additional \$25.60 fee if form is not filed by May 31.

1. Entity ID Number	Exact name of the Limited Lieblity Company Emerge Healthcare A. Brief description of the character of business conducted in Rhode Island Marketing Consultancy			
3. NAICS Code 541613				
5. State of Formation Rhode Island				
6. Principal Office Address	lc	lty	State	Zip
11 Linden Rd	le	lamington	RI	02806
7. Mailing Address of Limit	ed Liability Company and Name or Title of	Contact Person	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Contact Name Brian Morley		Contact Title Founder		
Street Address 11 Linden Rd		Barrington	State R1	^{Zlp} 02806
8. The Resident Agent info	rmation currently of record with the Rt Dep		rate. Changes requin	
9. Under penalty of perju	y, I declare and affirm that I have exami telements contained herein are true and	ned this report, include		
Name of Authorized Person Brian Morfey			Derio 10/27/23	
Signature of Authorized Pe	nson # 16		·	

WIFILED 1130

OCT 27 2023
BY SO PF

MAIL TO:

Division of Business Sendoes

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.rl.gov