



**State of Rhode Island
Department of State - Business Services Division**

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I.A.S.P.

Annual Report for the year: 2024

Corporation

- 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 000930856		2. Exact name of the Corporation Carclon Health Federal Services, Inc.			
3. Principal Office Address 200 State Street, Suite 302			City Boston	State MA	Zip 02109
4. NAICS Code 524292		6. Brief description of the character of business conducted in Rhode Island Federal contract operating company			
5. State of Incorporation VA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Teri Moore			Vice-President Name N/A		
Street Address 21215 Woodland Hills Blvd.			Street Address		
City Woodland Hills	State CA	Zip 91367	City	State	Zip
Secretary Name Kathleen Susan Kiefer			Treasurer Name Vincent Edward Scher		
Street Address 220 Virginia Avenue			Street Address 220 Virginia Avenue		
City Indianapolis	State IN	Zip 46204	City Indianapolis	State IN	Zip 46204
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name Natalie MacLean Leino			Director Name Ronald William Penczek		
Street Address 200 State Street, Suite 302			Street Address 220 Virginia Avenue		
City Boston	State MA	Zip 02109	City Indianapolis	State IN	Zip 46204
Director Name Glenn Andrew MacFarlane			Director Name		
Street Address 200 State Street, Suite 302			Street Address		
City Boston	State MA	Zip 02109	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		1,000		Common	
		PAR VALUE		\$1.00	
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 Jori Sawan					Date 03/06/2024
Signature of Authorized Representative <i>Jori Sawan</i>					FILED 149 MAR 07 2024

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY FXJYS
PS

Attachment

Additional Directors and Officers

Name	Title	Address
Eric Kenneth Noble	Assistant Treasurer	220 Virginia Ave. Indianapolis, IN 46204