State of Rhode Island Fee: \$50.00
Office of the Secretary of State
Division Of Business Services
148 W. River Street Providence RI 02904-2615
1636 (401) 222-3040
Foreign Business Corporation
Annual Report
Filing Period: February 1 - May 1
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law
(R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024
1. Corporate ID No. 001748671
2. Name of Corporation Value-Based RCM, Inc.
3. Street Address Principal Business Office:
No. and Street: <u>16146 SYD CREEK DR</u>
City or Town:HOMER GLENState: ILZip: 60491-5606Country: USA
4. Business Phone No.
<u>217-638-2688</u>
5. State of Incorporation
State: <u>FL</u>
NAICS CODE
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>541219</u>
6. Brief Description of the Character of Business Conducted in Rhode Island
NATURE OF BUSINESS; MEDICAL BILLING/HEALTHCARE REVENUE CYCLE
MANAGEMENT
7. Names and Addresses of the Officers and Directors:
All officers and directors must be listed.

	Individual Name First, Middle, Last, Suffix		Address Address, City or Town, State, Zip Code, Country		
PRESIDENT	DAVID WORACHEK		16146 SYD CREEK DRIVE HOMER GLEN, IL 60491 USA		
TREASURER	AMANDA KESSLER		16146 SYD CREEK DR HOMER GLEN, IL 60491-5606 USA		
Shares Authorized and	Issued				Total Issued
Class of Stock	Series of Stock		Par Value Per Share	Total Authorized Shares Number of Shares	and Outstanding <i>Num of</i> <i>Shares</i>
PWP	A	\$20.0000		200,000.00	105000
CNP	A	\$0.0000		800,000.00	800000
This report must be exe		-	ition by an	authorized repres	
e corporation is in the	e hands of a receiver of e receiver or trustee. arch, 2024 at 11:27:0 instrument constitutes of perjury, that this in n, and that the facts sta R.I. Gen. Laws § 7-1.2	or trusted 8 AM. T is the affir strument ated here	ntion by an e, this repo This electro mation or is that ind	authorized repres ort must be execut nic signature of the acknowledgement ividual's act and de	ed on behal e individual of the eed or the ac

Form No. 630 Revised 09/07

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