

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

- → Filing period: February 1 May 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D '24 MPR 1	
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1. Entity ID Number	Number 2 Evert some of the Limited Lightith, Comment					
•	2. Exact name of the Limited Liability Company					
1663576	Lifespan Health Alliance, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island Clinically integrated healthcare delivery partnership.					
621399						
5. State of Formation						
Rhode Island						
6. Principal Office Address		City	State	Zıp		
167 Point Street		Providence	RI	02903		
7. Mailing Address of Limited Lia	ability Company and Name or Title	e of Contact Person	- · · · , · <u>· · · </u>			
Contact Name Daniel Moynihan		Contact Title Authorized Representative				
Street Address 225 Chapman Street, 4th Floor		City Providence	State RI	^{Zip} 02905		
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			Date			
Daniel Moynihan						
Signature of Authorized Person			2	16/24		

FILED

MAR 1 4 2024 BY ML 100101406

MAIL TO:

Division of Business Services

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

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