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

Annual Report for the year: 2022 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.

Entity ID Number	2. Exact name of the Limited Liability Company					
001686017	Schramm Health Partners, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
541612	HEALTH CARE STRATEGY AND ACTUARIAL CONSULTING					
5. State of Formation						
Arizona				i		
6. Principal Office Address		City	State	Zip		
5959 Rockside Woods Blvd. N., Suite 600		Cleveland	Ohio	44131		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name ELIZABETH NEWMAN		Contact Title Manager				
Street Address 5959 Rockside Woods Blvd N., Suite 600		Cleveland	State Ohio	<sup>Zip</sup> 44131		
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			
Ariana Turoski			03/20/24			
Signature of Authorized Person						

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 21 2024 BY\_M6SMP

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