



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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.

FILED

APR 8 2024

BY

1049
[Signature]

1. Entity ID Number 001657050		2. Exact name of the Limited Liability Company BE YOUR BILLER, LLC	
3. NAICS Code 813920		4. Brief description of the character of business conducted in Rhode Island Medical billing provider	
5. State of Formation RI			
6. Principal Office Address 2733 Post Road		City Warwick	State RI Zip 02886
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Stephen W. Patch		Contact Title Member	
Street Address 2733 Post Road		City Warwick	State RI Zip 02886
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 Stephen W. Patch		Date 3/25/2024	
Signature of Authorized Person <i>[Signature]</i>			

MAIL TO:

Division of Business Services
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