

**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040**Limited Liability Company
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024**1. ID No.** 001757744**2. Exact Name of the Limited Liability Company** Reliant Health Administrators LLC**3. State of Formation**State: DE**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

524210**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**THIRD PARTY ADMINISTRATOR TO PROVIDE CUSTOMER AND BILLING SERVICES.**5. Principal Office Address**No. and Street: 5645 CORAL RIDGE DRIVE
SUITE 307City or Town: CORAL SPRINGS State: FL Zip: 33076 Country: USA**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**Contact Name: ZAIN Contact Title: RAZVI
No. and Street: 5645 CORAL RIDGE DRIVE
SUITE 307City or Town: CORAL SPRINGS State: FL Zip: 33076 Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 15 Day of April, 2024 at 11:11:41 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MARCEY WATSON

Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2024 State of Rhode Island
All Rights Reserved