

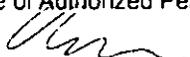


**State of Rhode Island
Department of State - Business Services Division**

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 15 2024
BY 1245
DS

1. Entity ID Number 1337047		2. Exact name of the Limited Liability Company Orthopedic Review Specialists, LLC		
3. NAICS Code 621999		4. Brief description of the character of business conducted in Rhode Island To conduct medical review of patient charts.		
5. State of Formation Rhode Island				
6. Principal Office Address P.O. Box 14716		City East Providence	State RI	Zip 02914
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Christopher Chihlas, M.D.		Contact Title Member		
Street Address P.O. Box 14716		City East Providence	State RI	Zip 02914
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. <i>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.</i>				
Name of Authorized Person Christopher Chihlas, M.D.			Date 04/03/24	
Signature of Authorized Person 				

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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Website: www.sos.ri.gov