

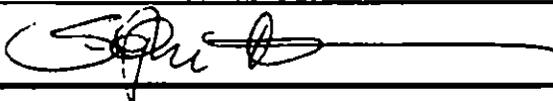


State of Rhode Island
Department of State - Business Services Division

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 25 2024
BY 6561
DS

1. Entity ID Number 1339098		2. Exact name of the Limited Liability Company KinderHealthRI, LLC			
3. NAICS Code 624110		4. Brief description of the character of business conducted in Rhode Island Healthcare			
5. State of Formation Rhode Island					
6. Principal Office Address 10 Middle Road		City Wakefield	State RI	Zip 02879	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Stephanie Marchand			Contact Title Member		
Street Address 10 Middle Road		City Wakefield	State RI	Zip 02879	
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 Stephanie Marchand			Date 4/6/24		
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