	State of R Office of the Se	hode Island ecretary of S	tate	Fee: \$50.00
	Division Of B	usiness Service	S	
	148 W. R	liver Street		
	Providence F	RI 02904-2615		
1636	(401) 2	22-3040		
Limited Liability Annual Report	Company			
Filing Period: Febru	uary 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. <u>000220397</u>				
2. Exact Name of the Limited Liability Company <u>R. Phillips &amp; Associates, LLC</u>				
3. State of Forma	tion			
State: <u>NY</u>				
NAICS CODE				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>624230</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
HEALTHCARE	EMER. MGMT.			
5. Principal Offic	e Address			
No. and Street:	3610 COMMERCE DRIVE,			
	<u>SUITE 817,</u>			
City or Town:	BALTIMORE	State: <u>MA</u>	Zip: <u>02215</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: C	Contact Title			
No. and Street:	<u>3610 COMMERCE DRIVE,</u>			
	<u>SUITE 817,</u>			
City or Town:	BALTIMORE	State: MA	Zip: <u>02215</u>	Country: <u>USA</u>

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST</u> <u>PROVIDENCE</u>, <u>RI 02914</u>

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

**Signed this 29 Day of April, 2024 at 1:54:22 PM 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 LARS FOX

Signature of Authorized Person

Form No. 632 Revised 09/07

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