



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

REG CROSS ESD  
 21 SEP 9 PM 12:14:00

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.

1. Entity ID Number <b>001697549</b>		2. Exact name of the Limited Liability Company <b>eQHealth Solutions, LLC</b>	
3. NAICS Code <b>621999</b>		4. Brief description of the character of business conducted in Rhode Island <b>POPULATION HEALTH MANAGEMENT SOFTWARE AND SERVICES</b>	
5. State of Formation <b>Delaware</b>			
6. Principal Office Address <b>777 East Park Drive</b>		City <b>Harrisburg</b>	State <b>PA</b>
Zip <b>17111</b>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Melissa Leigh</b>		Contact Title <b>EVP, Chief Legal &amp; Compliance Officer</b>	
Street Address <b>1600 Tysons Blvd, Suite 1000</b>		City <b>McLean</b>	State <b>VA</b>
Zip <b>22102</b>			
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 <b>Melissa Leigh</b>		Date <b>8/29/2024</b>	
Signature of Authorized Person		Signed by: 	

**FILED**

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 BY HEXXV  
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**MAIL TO:**  
 Division of Business Services  
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