

RECEIVED  
 SEP 27 2024  
 12:02:54



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

**Annual Report for the year:** 2023  
**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>000505494</b>		2. Exact name of the Limited Liability Company <b>Travel Nurse Across America, LLC</b>	
3. NAICS Code <b>561320</b>		4. Brief description of the character of business conducted in Rhode Island  The Company is engaged in providing workforce solutions to client healthcare facilities including travel nursing and contingent workforce management.	
5. State of Formation <b>Arkansas</b>			
6. Principal Office Address <b>5020 Northshore Drive</b>		City <b>North Little Rock</b>	State <b>AR</b>
Zip <b>72118</b>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Wade Scott</b>		Contact Title <b>Sr Accountant - Tax &amp; Treasury</b>	
Street Address <b>5020 Northshore Drive, Suite 2</b>		City <b>North Little Rock</b>	State <b>AR</b>
Zip <b>72118</b>			
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 <b>Wade Scott</b>			Date <b>9/03/2024</b>
Signature of Authorized Person 			

**FILED**  
 SEP 27 2024  
 BY YPC/07  
 1204 kg

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)