

## 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	2. Exact name of the Limited	2. Exact name of the Limited Liability Company			
000505494	Travel Nurse Acro	Travel Nurse Across America, LLC			
3. NAICS Code	4. Brief description of the ch	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 purping and contingent workforce.			
5. State of Formation					
Arkansas	management.	healthcare facilities including travel nursing and contingent workforce management.			
6. Principal Office Address		City	State	Zip	
5020 Northshore Drive		North Little Rock	AR	72118	
7. Mailing Address of Limite	ed Liability Company and Name or	Title of Contact Person			
Contact Name Wade Scott		Contact Title Sr Accountant - Tax & Treasury			
Street Address 5020 Northshore Drive, Suite 2		City North Little Rock	State AR	<sup>Zip</sup> 72118	
8. The Resident Agent info	mation currently of record with the	RI Department of State is accurate.	Changes require	e filing Form 642.	
	ry, I declare and affirm that I have tatements contained herein are t	e examined this report, including a	any accompany	ing schedules and	
Name of Authorized Person			Date		
Wade Scott			9/03/2024		
Signature of Authorized Pe	rson / 0 —		1	įb	
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MAIL TO:

**Division of Business Services** 

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