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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.

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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					
561320	The Company is eng	The Company is engaged in providing workforce solutions to client					
5. State of Formation	healthcare facilities in	healthcare facilities including travel nursing and contingent workforce management.					
Arkansas	management.						
6. Principal Office Address	I	City	State	Zip			
5020 Northshore Dri	ve	North Little Rock	AR	72118			
7. Mailing Address of Limite	ed Liability Company and Name or	Title of Contact Person					
Contact Name Wade Sco	ott	Contact Title Sr Accountan	Contact Title Sr Accountant - Tax & Treasury				
Street Address 5020 Northshore Drive, Suite 2		City North Little Rock	State AR	^{Zip} 72118			
8. The Resident Agent info	mation currently of record with the	RI Department of State is accurate.	Changes require	filing Form 642.			
	ry, I declare and affirm that I have tatements contained herein are	e examined this report, including a	any accompany	ing schedules and			
Name of Authorized Person		Date					
Wade Scott	t		9/03/2024				
Signature of Authorized Pe	rgon	···		<u> </u>			
Vadel	House						

FILED

SEP 27 2024

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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