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## 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.

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3SD 48:23	

Entity ID Number	2. Exact name of the Limited Liability Company					
000869968	PROSPECT PROVIDER GROUP RI, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
621610	Health Care			•		
5. State of Formation						
DE						
6. Principal Office Address		City	State	Zip		
3824 Hughes Ave.		Culver City	CA	90232		
7. Mailing Address of Limited I	iability Company and Name or	Title of Contact Person				
Contact Name Contact Title						
Street Address 3824 Hughes Ave.		City Culver City	State	Zip 90232		
8. The Resident Agent informa	ation currently of record with the	RI Department of State is acc	urate. Changes require	e filing Form 642.		
9. Under penalty of perjury, statements, and that all stat	I declare and affirm that I have ements contained herein are	e examined this report, inclu true and correct.	iding any accompany	ring schedules and		
Name of Authorized Person				Date 11/19/2024		
Signature of Authorized Perso	rank Saidara					

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BY ZRR7W



MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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