



State of Rhode Island  
Department of State - Business Services Division

DEC 26 2024  
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Annual Report for the year: 2025

Corporation

- 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>001706114</b>		2. Exact name of the Corporation <b>THE ACCOUNTABLE ALLIANCE, INCORPORATED</b>			
3. Principal Office Address <b>7301 N 16TH STREET, SUITE 201</b>			City <b>PHOENIX,</b>	State <b>AZ</b>	Zip <b>85020</b>
4. NAICS Code <b>524298</b>		6. Brief description of the character of business conducted in Rhode Island <b>PPO NETWORK OF HOSPITALS THAT CONTRACTED MEDICARE CLIENTS ACCESS FOR DISCOUNTS</b>			
5. State of Incorporation <b>DE</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>GEORGE MICHAEL BOGLE</b>			Vice-President Name <b>N/A</b>		
Street Address <b>7301 N 16TH STREET, SUITE 201</b>			Street Address		
City <b>PHOENIX,</b>	State <b>AZ</b>	Zip <b>85020</b>	City	State	Zip
Secretary Name <b>N/A</b>			Treasurer Name <b>ARACELI SEGURA-GONZALEZ</b>		
Street Address <b>N/A</b>			Street Address <b>7301 N 16TH STREET, SUITE 201</b>		
City <b>N/A</b>	State <b>N/A</b>	Zip <b>N/A</b>	City <b>PHOENIX</b>	State <b>AZ</b>	Zip <b>85020</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>CHARLES BERRY</b>			Director Name <b>BRADLEY BOGLE</b>		
Street Address <b>7301 N 16TH STREET, SUITE 201</b>			Street Address <b>4609 BEE CAVES ROAD, SUITE 200</b>		
City <b>PHOENIX</b>	State <b>AZ</b>	Zip <b>85020</b>	City <b>AUSTIN</b>	State <b>TX</b>	Zip <b>78746</b>
Director Name <b>LOGAN PETERS</b>			Director Name		
Street Address <b>4609 BEE CAVES ROAD, SUITE 200</b>			Street Address		
City <b>AUSTIN</b>	State <b>TX</b>	Zip <b>78746</b>	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>3000</b>		<b>CWP</b>	<b>1,000.00</b>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
<b>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.</b>					
Name of Authorized Representative <b>ARACELI SEGURA-GONZALEZ</b>				Date <b>12/17/2024</b>	
Signature of Authorized Representative <i>Araceli Segura Gonzalez</i>					

MAIL TO:  
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Website: www.sos.ri.gov