



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025:** 2025

**1. ID No.** 001706938

**2. Exact Name of the Limited Liability Company** Healthcare Policy Solutions, LLC

**3. State of Formation**

State: RI

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541990

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

HEALTHCARE POLICY CONSULTANT SERVICES

**5. Principal Office Address**

No. and Street: 91 WOODRIDGE DRIVE

City or Town: SAUNDERSTOWN

State: RI

Zip: 02874

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 91 WOODRIDGE DRIVE

City or Town: SAUNDERSTOWN

State: RI

Zip: 02874

Country: USA

**7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

L. ANTHONY CIRILLO 91 WOODRIDGE DRIVE SAUNDERSTOWN , RI 02874

**8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 14 Day of February, 2025 at 2:25:28 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By L ANTHONY CIRILLO  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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