



**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. 000769049

2. Exact Name of the Limited Liability Company EQUIAN, LLC

3. State of Formation

State: IN

**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.

524298

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

EQUIAN IS AN INFORMATION SERVICES COMPANY, THAT PROVIDES PAYMENT INTEGRITY

SOLUTIONS AND ANALYTICS TO LOWER THE COST OF CARE TO THE HEALTHCARE MARKET.

EQUIAN HAS A BROAD OFFERING OF ANALYTICS AND PAYMENT INTEGRITY SOLUTIONS THAT

UTILIZE A SINGLE POINT OF CONNECTIVITY, INTEGRATION AND INSIGHT THRU THEIR

PROPRIETARY TECHNOLOGY PLATFORM.

**5. Principal Office Address**

No. and Street: 9390 BUNSEN PKWY

City or Town: LOUISVILLE

State: KY

Zip: 40220

Country: USA

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

Contact Name:      Contact Title:

No. and Street:      9390 BUNSEN PKWY

City or Town:      LOUISVILLE

State: KY

Zip: 40220

Country: USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

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

**Signed this 3 Day of April, 2025 at 6:36:02 AM 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 STEFANIE WAGNER

Signature of Authorized Person

Form No. 632  
Revised 09/07

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