Office of the Secretary of State 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 Annual Report Image of S25.00 ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025 1. ID No. 000935732 2. Exact Name of the Limited Liability Company AMERICAN RENAL MANAGEMENT LLC State: DE NAICS CODE Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes hore, More information on NAICS can be found online. 621492 A.Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island HEALTHCARE Son CUMMINGS CENTER SON CUMMINGS CENTER		State of E	bodo lolond		Fee: \$50.0
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. 000935732 2. Exact Name of the Limited Liability Company AMERICAN RENAL MANAGEMENT LLG 3. State of Formation State: DE NAICS CODE Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes hore. OLITEGE ABIE NAICS CODE Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes hore. OLITEGE ABIE NAICS CODE Inter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list				ate	ree. \$30.0
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Island <u>HEALTHCARE</u> 5. Principal Office Address No. and Street: 500 CUMMINGS CENTER SUITE 6550	<u>621492</u>				
5. Principal Office Address No. and Street: 500 CUMMINGS CENTER SUITE 6550		on of the Character of the Busine	ess Which is Act	ually Conduc	ted in Rhode
No. and Street: 500 CUMMINGS CENTER SUITE 6550					
SUITE 6550	land				
<u>SUITE 6550</u>	EALTHCARE	e Address			
	EALTHCARE				
	EALTHCARE	500 CUMMINGS CENTER			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	EALTHCARE	500 CUMMINGS CENTER SUITE 6550	State: <u>M A</u>	Zip: <u>01915</u>	Country: <u>USA</u>
Contact Name: Contact Title:	IEALTHCARE	500 CUMMINGS CENTER SUITE 6550 BEVERLY			
No. and Street: 500 CUMMINGS CENTER	EALTHCARE Principal Offic o. and Street: ity or Town: Mailing Addres	500 CUMMINGS CENTER SUITE 6550 BEVERLY ss of Limited Liability Company a			
<u>SUITE 6550</u>	EALTHCARE Principal Offic o. and Street: ity or Town: Mailing Address ontact Name: 0	500 CUMMINGS CENTER SUITE 6550 BEVERLY SS of Limited Liability Company a			
City or Town: <u>BEVERLY</u> State: <u>MA</u> Zip: <u>01915</u> Country: <u>USA</u>	EALTHCARE Principal Offic o. and Street: ity or Town: Mailing Address ontact Name: 0	500 CUMMINGS CENTER SUITE 6550 BEVERLY ss of Limited Liability Company a Contact Title: 500 CUMMINGS CENTER SUITE 6550		of Contact P	erson:

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD SUITE 200 WARWICK , RI 02888

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 6:45:04 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 DAVID DOERR

Signature of Authorized Person

Form No. 632 Revised 09/07

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