<b>-</b>				
		Rhode Island Secretary of		Fee: \$50.00
	Division Of	Business Servio	ces	
		. River Street		
	Providence	e RI 02904-261	5	
7636	(401	) 222-3040		
Limited Liabilit	y Company			
Annual Report				
Filing Period: Fe	bruary 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				
1aw (R.I.G.L. 7-10	6-66(b&c)) is subject to a penalty i	tee of \$25.00.		
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025				
1. ID No. <u>000594772</u>				
2. Exact Name of the Limited Liability Company <u>Nursefinders, LLC</u>				
3. State of Formation				
State: <u>TX</u>				
NAICS CODE				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>561320</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
<u>PER DIEM, LO</u>	OCAL STAFFING.			
5. Principal Off	ice Address			
No. and Street:	2999 OLYMPUS BLVD			
	SUITE 500			
City or Town:	DALLAS	State: <u>TX</u>	Zip: <u>75019</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name:	REBECCA BURNS Contact Title:	LEGAL ASST		
No. and Street:	12400 HIGH BLUFF DR.			
	SUITE 500			
City or Town:	SAN DIEGO	State: CA	Zip: <u>92130</u>	Country: <u>USA</u>

## 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 24 Day of April, 2025 at 6:58:51 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 WHITNEY M LAUGHLIN

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2025 State of Rhode Island All Rights Reserved