



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
Limited Liability Company

- 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 001725339		2. Exact name of the Limited Liability Company Imagine 360 Administrators, LLC	
3. NAICS Code 524292		4. Brief description of the character of business conducted in Rhode Island Third Party Administration of Insurance	
5. State of Formation TX			
6. Principal Office Address 12770 Merit Drive, Suite 200		City Dallas	State Texas
		Zip 75251	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Consuelo A. Florence		Contact Title Sr. Contract Admin	
Street Address 1550 Liberty Ridge Dr., Suite 330		City Wayne	State PA
		Zip 19087	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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.			
Name of Authorized Person Troy Sisum		Date 4-17-25	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov



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BY 2478M