RI SOS Filing Number: 202576167970 Date: 6/18/2025 1:13:00 PM



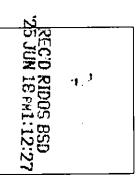
State of Rhode Island Department of State - Business Services Division

Annual Report for the year:
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	2 Exact name of the Limited Liability Company			
001725339	Imagine 360 Administrators, LLC 4. Brief description of the character of business conducted in Rhode Island			
3. NAICS Code				
524292	Third Party Administration of Insurance			
5. State of Formation				
ΤX				
6. Principal Office Address		City	State	Zip
12770 Merit Drive, Suite 200		Dallas	Texas	75251
7. Mailing Address of Limite	d 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 infor	mation currently of record with t	he RI Department of State is ac	curate. Changes requi	re filing Form 642.
9. Under penalty of perjur	y, I declare and affirm that I h tatements contained herein a	ave examined this report, inci		
Name of Authorized Person			Date	
Troy Sisum			4-17-25	
Signature of Authorized Per	son In Dia			

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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