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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.

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| 1. Entity ID Number | Exact name of the Limited Liability Company Daymark Health (DE), LLC | | | |
|--|---|--|----------------------|--------------------|
| 001782975 | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island Daymark Health, is an innovative oncology risk platform, built for clinical impact and scale. We will partner with payers and risk-bearing entities via risk delegation and serves all cancer patients under | | | |
| 541990 | | | | |
| 5. State of Formation DE | active treatment | <u> </u> | | |
| 6. Principal Office Address | | City | State | Zip |
| 701 E Cathedral Rd Ste 45 #3078 | | Philadelphia | PA | 19128 |
| 7. Mailing Address of Limite | d Liability Company and Name o | or Title of Contact Person | | |
| Contact Name Paige Buss | | Contact Title Sr Accounting Manager | | |
| Street Address 701 E Cathedral Rd Ste 45 #3078 | | City Philadelphia | State PA | Zip 19128 |
| 8. The Resident Agent infor | mation currently of record with th | e RI Department of State is accu | rate. Changes requir | e filing Form 642. |
| | y, I declare and affirm that I ha atoments contained herein are | ve examined this report, include true and correct. | ling any accompany | ying schedules and |
| Name of Authorized Person | | | Date | |
| Paul Dufault | | | 6/27/25 | |
| Signature of Authorized Per | son | | · | |
| Paul Dufault | | | | |
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MAIL TO:

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Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov