State of Rhode Island
Department of State - Business Services Division

FILED
JUL 29 2025
BY

Annual Report for the year: 2025 AMENDED
Corporation

→ 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 Corporation			
000825600	Premier Healthcare Solutions, Inc.			
3. Principal Office Address		City	State	Zip
13520 Ballantyne Corporate Place		Charlotte	NC	28277
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
813920	engaged in healthcare consulting, purchasing and field service.			
5. State of Incorporation				
Delaware				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment

President Name: David Zito			Vice-President Name:		
Street Address: 13520 Ballantyne Corporate Place			Street Address:		
City: Charlotte	State: NC	Zip: 28277	City:	State:	Zip:
Secretary Name: Sheila Goulding			Treasurer Name: Glenn Coleman		
Street Address: 13520 Ballantyne Corporate Place			Street Address: 13520 Ballantyne Corporate Place		
City: Charlotte	State: NC	Zip: 28277	City: Charlotte	State: NC	Zip: 28277

8. List ALL directors (names and addresses) — Check the box to indicate an attachment

Director Name: Glenn Coleman			Director Name: Michael Alkire		
Street Address: 13520 Ballantyne Corporate Place			Street Address: 13520 Ballantyne Corporate Place		
City: Charlotte	State: NC	Zip: 28277	City: Charlotte	State: NC	Zip: 28277
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	5,626,800	Common	0.010000

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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 Representative	Date
SHEILA GOULDING.	07/23/2025

Signature of Authorized Representative: DocuSigned by: Sheila Goulding — CBA63FA38BC54E8

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

FORM 630- Revised: 12/2023

State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

July 29, 2025 12:32 PM

Gregg M. Amore
Secretary of State