State of Rhode Island
Department of State - Business Services Division

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2025 JUL 30 PM 1:50:13

Annual Report for the year: 2025
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		
001341048	Cherokee Nation Healthcare Services, L.L.C.		
3. NAICS Code 561330	4. Brief description of the character of business conducted in Rhode Island Provides Staff outsourcing for DOD. /GOV. CONTRACT work		
5. State of Formation Cherokee Nation			
6. Principal Office Address 777 W. CHEROKEE ST., CORP. BLDG. 2	City CATOOSA	State OK	Zip 74015
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Shelley Graham	Contact Title Corporate Governance Administrator		
Street Address 777 W. Cherokee St., - Legal Dept.	City Catoosa	State OK	Zip 74015
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 Shelley Graham		Date 7/29/2025	
Signature of Authorized Person Shelley Graham			

FILED
JUL 30 2025
BY IH7WZ

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 632 - Revised 12/2023