



State of Rhode Island
Department of State - Business Services Division

NO-FEE AMENDMENT

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25 AUG 15 PM 3:48:42

Annual Report for the year:
Limited Liability Company

2025 Amended

- 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 1761119		2. Exact name of the Limited Liability Company RI Health Alliance LLC		
3. NAICS Code 621498		4. Brief description of the character of business conducted in Rhode Island Community Health Services		
5. State of Formation RI				
6. Principal Office Address 710 Armistice Blvd.		City Pawtucket	State RI	Zip 02861
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Brandon Bergman		Contact Title		
Street Address 710 Armistice Blvd.		City Pawtucket	State RI	Zip 02861
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. <i>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.</i>				
Name of Authorized Person Brandon Bergman			Date 8-15-2025	
Signature of Authorized Person 				

FILED

AUG 15 2025

BY

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MAIL TO:

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



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:

August 15, 2025 03:48 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore
Secretary of State

