



**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Limited Liability Company
Annual Report - Amended**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2025

1. ID No. 001663576

2. Exact Name of the Limited Liability Company Lifespan Health Alliance, LLC

3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621399

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

CLINICALLY INTEGRATED HEALTHCARE DELIVERY PARTNERSHIP

5. Principal Office Address

No. and Street: 15 LASALLE SQUARE

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: BUSINESS ADMINISTRATOR/ADMINISTRATIVE ASSISTANT Contact Title: CHRISTINE ANDREOZZI

No. and Street: 15 LASALLE SQUARE

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

STEPHEN D. ZUBIAGO, ESQ. NIXON PEABODY LLP ONE CITIZENS PLAZA, SUITE 500
PROVIDENCE , RI 02903

Signed this 17 Day of September, 2025 at 3:32:03 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DANIEL MOYNIHAN
Signature of Authorized Person

Form No. 632
Revised 09/07

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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:

September 17, 2025 03:31 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 and prominent.

Gregg M. Amore
Secretary of State

