State of Rhode Island
Office of the Secretary of State

Fee: $50.00

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

Limited Liability Company Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), 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.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2026: 2026

1. ID No. 001682338

2. Exact Name of the Limited Liability Company Verdegard Administrators, LLC

3. State of Formation

State: NV

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.

524292

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

VERDEGARD OFFERS FULL-SERVICE HEALTH PLAN ADMINISTRATION SERVICES WITH A
BROAD RANGE OF INTEGRATED SERVICES AND PROGRAMS FOR SELF-INSURED EMPLOYER
GROUPS AND TAFT-HARTLEY UNION PLANS THROUGHOUT THE UNITED STATES. VERDEGARD
IS AN SSAE 16 LICENSED THIRD-PARTY ADMINISTRATOR BEST KNOWN FOR PROVIDING
SUPERIOR SERVICES AND DELIVERING CLINICALLY DRIVEN, TECHNOLOGY-ENHANCED, AND
CLIENT-FOCUSED SOLUTIONS THAT MANAGE AND IMPROVE THE HEALTH AND WELL-BEING OF
OUR MEMBERS.

5. Principal Office Address

No. and Street: 8060 S. KYRENE RD.
SUITE 100
City or Town: TEMPE State: AZ Zip: 85284 Country: USA

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

Contact Name: Contact Title:
No. and Street: 8060 S. KYRENE RD.
SUITE 100
City or Town: TEMPE State: AZ Zip: 85284 Country: USA

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 29 Day of December, 2025 at 3:33:26 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 DONNA ERCOLANO
Signature of Authorized Person

Form No. 632
Revised 09/07