	State of Rhode Office of the Secreta	
	Division Of Business 148 W. River S	reet
HOPE	Providence RI 0290 (401) 222-304	
Limited Liability Com Annual Report Filing Period: September 1		
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.	
ANNUAL REPORT YEAR:	<u>2020</u>	
1. ID No. <u>000869979</u>	2	
2. Exact Name of the Lin	mited Liability Company <u>PROVIE</u>	DIGM, LLC
3. State of Formation		
State: <u>CO</u>		
	ARTICLE III	
-	Code that best describes the primary e information on <u>NAICS</u> can be found	business conducted by the entity. Download online.
<u>541512</u>		
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhode Island
SOFTWARE AS A SER	VICE	
5. Principal Office Addre	SS	
No. and Street:8055 E.City or Town:DENVE	TUFTS AVENUE, SUITE 1200 R	State: CO Zip: 80237 Country: USA
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact Person:
	IALOVIC Contact Title: <u>STAFF ACC</u> 1TH AVE N STE 1000	OUNTANT
City or Town: <u>NASH</u>	VILLE Sta	te: <u>TN</u> Zip: <u>37203</u> Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBER	Each Manager of the Limited Liab RS	ility Company, if Applicable.
Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	ANDREW KRAMER	8055 E. TUFTS AVENUE, SUITE 1200 DENVER, CO 80237 USA
MANAGER	PETER KRAMER	8055 E. TUFTS AVENUE, SUITE 1200

8. 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

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

Signed this 19 Day of September, 2020 at 11:20:08 AM 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 MARY MALOVIC

Signature of Authorized Person

Form No. 632 Revised 09/07

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