

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000003035

Entity Name: ALIRA HEALTH BOSTON LLC**Current Principal Place of Business:**1 GRANT STREET, STE. 400
FRAMINGHAM, MA 01702**Current Mailing Address:**1 GRANT STREET, STE. 400
FRAMINGHAM, MA 01702 US**FEI Number:** 01-0933936**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGR
Name	BRAMBILLA, GABRIELE
Address	1 GRANT STREET, STE. 400
City-State-Zip:	FRAMINGHAM MA 01702

Title	MGR
Name	SANDERS, MITCHELL
Address	1 GRANT STREET, STE. 400
City-State-Zip:	FRAMINGHAM MA 01702

Title	MGR
Name	CHAMBON, BENJAMIN
Address	1 GRANT STREET, STE. 400
City-State-Zip:	FRAMINGHAM MA 01702

Title	MGR
Name	CARLSON, MARGARET K
Address	1 GRANT STREET, STE. 400
City-State-Zip:	FRAMINGHAM MA 01702

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARGARET K. CARLSON**MANAGER****01/26/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date