



**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

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

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

ANNUAL REPORT YEAR: 2020

1. Corporate ID No. 001710078

2. Name of Corporation MultiPlan Services Corporation

3. Street Address Principal Business Office:

No. and Street: 115 FIFTH AVE, 7TH FL

City or Town: NEW YORK

State: NY

Zip: 10003

Country: USA

4. Business Phone No.

6306495000

5. State of Incorporation

State: DE

ARTICLE III

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.

561110

6. Brief Description of the Character of Business Conducted in Rhode Island

HEALTHCARE COST MANAGEMENT SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|-----------|--|--|
| PRESIDENT | MARK TABAK | 535 EAST DIEHL ROAD NAPERVILLE, IL 60563 USA |
| TREASURER | DAVID L REDMOND | 535 E DIEHL RD |

| | | |
|---------------------|--------------------|--|
| | | NAPERVILLE, IL 60563 USA |
| SECRETARY | DAVID L REDMOND | 535 E DIEHL RD NAPERVILLE, IL 60563 USA |
| VICE PRESIDENT | STEVEN JOLIE JOLIE | 20 SPEEN ST, STE 202 FRAMINGHAM, MA 01701 USA |
| ASSISTANT SECRETARY | SHAWNA E GASIK | 535 E DIEHL RD NAPERVILLE, IL 60563 USA |
| DIRECTOR | MARK TABAK | 115 FIFTH AVE, 7TH FL NEW YORK, NY 10003 USA |

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares <i>Number of Shares</i> | Total Issued and Outstanding <i>Num of Shares</i> |
|----------------|-----------------|---------------------|---|--|
| CWP | | \$0.0100 | 1,000.00 | 100 |

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 19 Day of February, 2021 at 11:10:21 AM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By SHAWNA E GASIK
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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