



**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: February 1 - May 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:** 2023

**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.**

**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
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PRESIDENT	DALE WHITE	2273 RESEARCH BOULEVARD ROCKVILLE, MD 20850 USA
TREASURER	JAMES M HEAD	115 FIFTH AVENUE, 7TH FL NEW YORK, NY 10003 USA
SECRETARY	JEFFREY DOCTOROFF	16 CROSBY DRIVE BEDFORD, MA 01730 USA
CEO	DALE WHITE	2273 RESEARCH BOULEVARD ROCKVILLE, MD 20850 USA
CFO	JAMES M HEAD	115 FIFTH AVENUE, 7TH FL NEW YORK, NY 10003 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	DALE WHITE	2273 RESEARCH BOULEVARD ROCKVILLE, MD 20850 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 15 Day of February, 2023 at 10:51:21 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