



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008


**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* 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.

1. ID No. <b>105138</b>		2. Exact name of the limited liability company <b>Medical Recovery of New England, LLC</b>	
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Patient Advocacy Service: Reclaiming funds lost to medical Billing Errors</b>	
5. Principal office address <b>580 Thames Street, Suite 227</b>		City <b>Newport</b>	State <b>RI</b>
		Zip <b>02840</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>MARIDEL ALLEN</b>		Contact Title <b>SENIOR ANALYST</b>	
Street Address <b>580 Thames Street, Suite 227</b>		City <b>Newport</b>	State <b>RI</b>
		Zip <b>02840</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

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

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

 **9/25/08**  
Signature of Authorized Person Date

**MARIDEL ALLEN**  
Print or Type Name of Authorized Person

File Date	<b>FILED</b>
Check No.	<b>SEP 26 2008</b>
By	<b>1150</b>
FOR SECRETARY OF STATE USE ONLY	