



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. 105138 | | 2. Exact name of the limited liability company Medical Recovery of New England, LLC | | | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of the business which is actually conducted in Rhode Island Patient Advocacy Service: Reclaiming funds lost to Medical Billing Errors | | | |
| 5. Principal office address 580 Thames Street, Suite 227 | | City Newport | State RI | Zip 02840 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name MARIDEL ALLEN | | | Contact Title SENIOR ANALYST | | |
| Street Address 580 Thames Street, Suite 227 | | City Newport | State RI | Zip 02840 | |
| 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 | Zip | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | 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 | FILED |
| Check No. | SEP 26 2008 |
| By | 1150 |
| FOR SECRETARY OF STATE USE ONLY | |