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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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

** 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.*

1. Corporate ID No.	2. Name of Corporation			
108031	HMS National, Inc.			
3. Street Address Principal Business Office		City	State	Zip
1625 NW 136th Avenue #210		Ft. Lauderdale	FL	33323
4. Business Phone No.	5. State of Incorporation			
(954) 845-2474	Florida			

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

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Joseph J. Incandela			Howard L. Wolk		
Street Address			Street Address		
1625 NW 136th Avenue #210			1625 NW 136th Avenue #210		
City	State	Zip	City	State	Zip
Ft. Lauderdale	FL	33323	Ft. Lauderdale	FL	33323
Secretary Name			Treasurer Name		
Tami M. Thraum			Tami M. Thraum		
Street Address			Street Address		
1625 NW 136th Avenue #210			1625 NW 136th Avenue #210		
City	State	Zip	City	State	Zip
Ft. Lauderdale	FL	33323	Ft. Lauderdale	FL	33323

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Howard L. Wolk			Sidney D. Wolk		
Street Address			Street Address		
1625 NW 136th Avenue #210			1625 NW 136th Avenue #210		
City	State	Zip	City	State	Zip
Ft. Lauderdale	FL	33323	Ft. Lauderdale	FL	33323
Director Name			Director Name		
Jeffrey C. Wolk					
Street Address			Street Address		
1625 NW 136th Avenue #210					
City	State	Zip	City	State	Zip
Ft. Lauderdale	FL	33323			

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐			**10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000	Common	$.01 Par Value	10	Common	$1.00

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.

[redacted] [redacted]

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.

Tami M. Thraum 2/23/09
Signature *Date*

Tami M. Thraum
Print or Type Name

[redacted] Secretary/Treasurer
Title

File Date FILED
Check No.
MAR 02 2009
By: By 300080
30846-18-354716

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Form 630 Rev. 12/06