



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. 118909		2. Name of Corporation Medical Billing Co., Inc.			
3. Street Address Principal Business Office 651 Main Road (PO Box 291)			City Tiverton	State RI	Zip 02878
4. Business Phone No. 401-624-9030		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE BILLING AND RELATED BOOKEEPING AND FINANCIAL SERVICES TO MEDICAL PRACTICES AND OTHER ENTITIES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John Haskell			Vice President Name John Haskell		
Street Address 117 Brackett Avenue			Street Address 117 Brackett Avenue		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Secretary Name John Haskell			Treasurer Name John Haskell		
Street Address 117 Brackett Avenue			Street Address 117 Brackett Avenue		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John Haksell			Director Name NONE		
Street Address 117 Brackett Avenue			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES --- THIS SECTION MUST BE COMPLETED		
			Number of Shares NONE	Class/Series	Par Value

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.

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.

Signature: John J. Haskell Date: 3/3/2009
Print or Type Name: John J. Haskell
Title: PRESIDENT

File Date	FILED
Check No.	MAR 05 2009
By:	<u>2068</u>
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