

State of Rhode Island and Providence Plantations 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: January 1 - March 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: 2010

1. Corporate ID No. 000134434

2. Name of Corporation Triad Healthcare, Inc.

3. Street Address Principal Business Office:

No. and Street: 80 SPRING LANE

City or Town: PLAINVILLE State: CT Zip: 06062 Country: USA

4. Business Phone No.

800-550-0540

5. State of Incorporation

State: CT

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

<u>IPA TO INCLUDE: UTILIZATION REVIEW, CLAIMS PROCESSING AND PROVIDER</u> NETWORK

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
SECRETARY	JENNIFER E FOURNIER ESQ.	80 SPRING LANE PLAINVILLE, CT 06062 USA	
PRESIDENT	AGOSTINO VILLANI DC	80 SPRING LANE PLAINVILLE, CT 06062- USA	

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
CWP		\$0.01	10,500.00	100
PWP		\$1,000.00	9,500.00	0

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 5 Day of January, 2010 at 11:51:03 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 JENNIFER E FOURNIER, ESQ.

Signature of Authorized Representative of the Corporation

CORPORATE GENERAL COUNSEL

Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630 Revised 09/07

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