



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 2011

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(c), 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. 100880		2. Name of Corporation A-STAT Medical Billing Management, Inc.			
3. Street Address Principal Business Office 19 Mendon Avenue			City Pawtucket	State RI	Zip 02861
4. Business Phone No. 401.726.9907		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To engage and assist in any and all billing practices and procedures related to medical transport directly or indirectly.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gary R. Reis			Vice President Name Michelle A. Carello		
Street Address 86 Naushon Road			Street Address 30 Fletcher Street		
City Pawtucket	State RI	Zip 02861	City Plainville	State MA	Zip
Secretary Name Gary R. Reis			Treasurer Name Gary R. Reis		
Street Address 86 Naushon Road			Street Address 86 Naushon Road		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gary R. Reis			Director Name None		
Street Address 86 Naushon Road			Street Address		
City Pawtucket	State RI	Zip 02861	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 200	Class Series Common	Par Value No 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.

FILED

File Date FEB 07 2011

Check No. By mmc

By: 2127

FOR SECRETARY OF STATE USE ONLY

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 [Signature] Date 2-1-2011

Gary R. Reis

Print or Type Name

President

Title