



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. 000117745		2. Name of Corporation 4N'S MEDICAL BILLING, INC.			
3. Street Address Principal Business Office 116 HIGH STREET, SUITE 202		City WESTERLY	State RI	Zip 02891	
4. Business Phone No. 401-604-0005		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island MEDICAL BILLING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBIN A. NILES			Vice President Name GREG C. NILES JR		
Street Address 2301 LYONS LANE			Street Address 6411 RIDGE LAKE ROAD		
City SOOPY DAISY	State TN	Zip 37379	City HIXSON	State TN	Zip 37343
Secretary Name ROBIN A. NILES			Treasurer Name GREG C. NILES JR		
Street Address 2301 LYONS LANE			Street Address 6411 RIDGE LAKE ROAD		
City SOOPY DAISY	State TN	Zip 37379	City HIXSON	State TN	Zip 37343
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ROBIN A. NILES			Director Name		
Street Address 2301 LYONS LANE			Street Address		
City SOOPY DAISY	State TN	Zip 37379	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 <b>MUST</b> BE COMPLETED		
			Number of Shares	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.

**FILED**

File Date JUN 28 2011

Check No. 147415

By: BY 10:42

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 Robin A. Niles Date 6/24/11

Print or Type Name Robin A. Niles

Title President