



**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: 2012

1. Corporate ID No. 000308615

2. Name of Corporation MAGELLAN MEDICAID ADMINISTRATION, INC.

3. Street Address Principal Business Office:

No. and Street: 4300 COX ROAD

City or Town: GLEN ALLEN

State: VA

Zip: 23060

Country: USA

4. Business Phone No.

410-953-4702

5. State of Incorporation

State: VA

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

PUBLIC SECTOR HEALTHCARE MANAGEMENT SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	TIMOTHY NOLAN	4300 COX ROAD GLEN ALLEN, VA 23060 USA
TREASURER	IRENE SHAPIRO	55 NOD ROAD AVON, CT 06001 USA
SECRETARY	DANIEL N. GREGOIRE	55 NOD ROAD AVON, CT 06001 USA
VICE PRESIDENT	JONATHAN N. RUBIN	55 NOD ROAD AVON, CT 06001 USA
VICE PRESIDENT	LINTON C NEWLIN	1203 4TH STREET SW CULLMAN, AL 35055 USA
ASSISTANT SECRETARY	MARGIE M. SMITH	1203 4TH STREET SW CULLMAN, AL 35055 USA
ASSISTANT SECRETARY	JOHN DIBERNARDI	6950 COLUMBIA GATEWAY DR. COLUMBIA, MD 21046 USA
VICE PRESIDENT	KEVIN FLETEMEYER	4300 COX ROAD GLEN ALLEN, VA 23060 USA
DIRECTOR	RENE LERER	55 NOD ROAD AVON, CT 06001 USA
DIRECTOR	JONATHAN N. RUBIN	55 NOD ROAD AVON, CT 06001 USA
DIRECTOR	DANIEL N. GREGOIRE	55 NOD ROAD AVON, CT 06001 USA
DIRECTOR	WILLIAM MCBRIDE	55 NOD ROAD AVON, CT 06001 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$10.00	200,000.00	200000

9. 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 20 Day of February, 2012 at 4:13:47 PM. 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 DANIEL N. GREGOIRE
Signature of Authorized Representative of the Corporation

SECRETARY
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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