



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>504193</u>		2. Exact name of the Corporation <u>Healthcare Reimbursement Specialists, INC.</u>	
3. Principal office address <u>41 Old Quarry Road</u>		City <u>N. Scituate</u>	State <u>RI</u>
4. Business Phone No. <u>401 572 7825</u>		5. State of Incorporation <u>R.I.</u>	
6. Brief description of the character of business conducted in Rhode Island <u>Medical office billing Consulting</u>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Suzanne Marz</u>		Vice-President Name	
Street Address <u>41 Old Quarry Road</u>		Street Address	
City <u>N. Scituate</u>	State <u>RI</u>	City	State
Zip <u>02857</u>		Zip	
Secretary Name <u>Suzanne Marz</u>		Treasurer Name	
Street Address <u>41 Old Quarry Road</u>		Street Address	
City <u>N. Scituate</u>	State <u>RI</u>	City	State
Zip <u>02857</u>		Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>Suzanne Marz</u>		Director Name	
Street Address <u>41 Old Quarry Road</u>		Street Address	
City <u>N. Scituate</u>	State <u>RI</u>	City	State
Zip <u>02857</u>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		<u>100</u>	<u>NPV</u>
			<u>0</u>

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.

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

By

FILED

JUN 14 2013

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11:55 AM

KMK

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.

Kathy Carlson
Signature of Authorized Representative

6-11-2013
Date

Kathy Carlson
Print or Type Name of Authorized Representative