



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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.

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 of Authorized Representative: Kathy Carlson Date: 6-11-2013
 Print or Type Name of Authorized Representative: Kathy Carlson

File Date _____
 Check No _____
 By: _____
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 Form No. 630
 Revised: 01/2012
 By: 199356
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 KMK