



**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

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2013

1. ID No. 000160484

2. Exact Name of the Limited Liability Company ACCURATE BILLING SYSTEM LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Medical Billing Company for doctors in RI. We bill insurance company and also do patient's statements. We do not see any of the payments they go directly to the office of the doctor.

5. Principal Office Address

No. and Street: 462 VICTORY HIGHWAY
City or Town: WEST GREENWICH State: RI Zip: 02817 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: DOROTHY COURTEAU DAMBROSCA Contact Title: OWNER
No. and Street: 462 VICTORY HIGHWAY
City or Town: WEST GREENWICH State: RI Zip: 02817 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|-------|--|--|
|-------|--|--|

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

DOROTHY COURTEAU D'AMBROSCA 462 VICTORY HIGHWAY WEST GREENWICH , RI 02817-

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 31 Day of October, 2013 at 11:59:50 AM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DOROTHY COURTEAU DAMBROSCA
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2013 State of Rhode Island and Providence Plantations
All Rights Reserved