



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000798469

2. Name of Corporation UHealthSolutions, Inc.

3. State of Incorporation

State: MA

4. Corporate Address in Rhode Island

No. and Street: 100 CENTURY DRIVE

City or Town: WORCESTER, MA

State: RI

Zip: 01606

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 100 CENTURY DRIVE

City or Town: WORCESTER

State: MA

Zip: 01606

Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PROVIDES ADMINISTRATIVE SUPPORT TO AGENCIES PROVIDING HEALTHCARE

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	JOYCE A MURPHY	333 SOUTH STREET SHREWSBURY, MA 01545 USA
SECRETARY	JAMES G HEALY	55 LAKE AVENUE NORTH WORCESTER, MA 01655 USA
TREASURER	ROBERT E JENAL	55 LAKE AVENUE NORTH WORCESTER, MA 01655 USA
DIRECTOR	PATTI A ONORATO	333 SOUTH STREET SHREWSBURY, MA 01545 USA

DIRECTOR

NANCY E VASIL

333 SOUTH STREET
SHREWSBURY, MA 01545 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

**9. This report must be signed by either the President, Vice President, Secretary, Assistant
Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

Signed this 13 Day of May, 2014 at 2:42:43 PM 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 § 7-6.*

By JOYCE A. MURPHY
Signature of Authorized Person

Form No. 631
Revised 09/07

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