



**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: 2014

1. ID No. 000161897

2. Exact Name of the Limited Liability Company Consumer Health Network Plus LLC

3. State of Formation

State: NJ

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

Medical Claims Solutions

5. Principal Office Address

No. and Street: 300 AMERICAN METRO BOULEVARD, SUITE
170

City or Town: HAMILTON

State: NJ Zip: 08619 Country: USA

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

Contact Name: LEE ANN IANNELLI Contact Title: SVP, FINANCIAL OPERATIONS

No. and Street: 1555 BUSTARD ROAD, STE. 100

City or Town: LANSDALE

State: PA Zip: 19446 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
MANAGER	MICHAEL MORRONE	1240 SOUTH BROAD STREET, SUITE 200 LANSDALE, PA 19446- USA

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI
02888

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

Signed this 8 Day of September, 2014 at 11:48:32 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 LEE ANN IANNELLI
Signature of Authorized Person

Form No. 632
Revised 09/07

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