



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

Foreign Business Corporation
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its
annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501
(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000514890

2. Name of Corporation Hospital Billing & Collection Service, Ltd.

3. Street Address Principal Business Office:

No. and Street: 118 LUKENS DRIVE, RIVERRIDGE PARK

City or Town: NEW CASTLE

State: DE Zip: 19720 Country: USA

4. Business Phone No.

302-552-8056

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

BILLING AND COLLECTION OF HOSPITAL AND PHYSICIAN PATIENT ACCOUNTS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Table with 3 columns: Title, Individual Name, Address. Rows include CEO (Brian Wasilewski), CFO (Kevin Haggerty), VICE PRESIDENT (Maureen Dieleuterio), VICE PRESIDENT (Victoria Ostrow), and DIRECTOR (William McGuire).

		NEW CASTLE, DE 19720 USA
DIRECTOR	MICHAEL MANNING	118 LUKENS DRIVE NEW CASTLE, DE 19720 USA
DIRECTOR	BLAINE OCONNELL	118 LUKENS DRIVE NEW CASTLE, DE 19720 USA
DIRECTOR	ROBERT COLE JR	118 LUKENS DRIVE NEW CASTLE, DE 19720 USA
DIRECTOR	DOUGLAS PETERS	118 LUKENS DRIVE NEW CASTLE, DE 19720 USA

### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
PWP		\$0.0100	1,400,000.00	559556
CWP		\$0.0100	1,700,000.00	0

**9. 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.**

**Signed this 19 Day of December, 2014 at 10:46:25 AM.** *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KEVIN HAGGERTY  
Signature of Authorized Representative of the Corporation

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630  
Revised 09/07

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