



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. 000144405

2. Name of Corporation America's Health Care/Rx Plan Agency, Inc.

3. Street Address Principal Business Office:

No. and Street: 1100 NORTHWEST COMPTON DR. #205

City or Town: BEAVERTON

State: OR Zip: 97006 Country: USA

4. Business Phone No.

877-228-8773

5. State of Incorporation

State: DE

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

MARKETING AND DISTRIBUTION OF HEALTHCARE PRODUCTS

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	BRAD LACEY	4148 LIBERTY MEADOWS CT AVON, IN 46123 USA
TREASURER	PETER A. RENDALL	59 MAIDEN LANE NEW YORK, NY 10038 USA
SECRETARY	JEFFREY A. WEISSMANN	59 MAIDEN LANE NEW YORK, NY 10038 USA
CEO	BARRY S. KARFUNKEL	59 MAIDEN LANE NEW YORK, NY 10038 USA
CFO	MICHAEL H. WEINER	59 MAIDEN LANE

		NEW YORK, NY 10038 USA
VICE PRESIDENT	RACHEL SEASHORE	7900 SE 28TH ST., STE. 400 MERCER ISLAND, WA 98040 USA
VICE PRESIDENT	AARON GODDARD	1100 NORTHWEST COMPTON DR. #205 BEAVERTON, OR 97006 USA
ASSISTANT SECRETARY	LORI MARSH	5630 UNIVERSITY PARKWAY WINSTON-SALEM, NC 27105 USA
DIRECTOR	ROBERT M. KARFUNKEL	59 MAIDEN LANE NEW YORK, NY 10038 USA
DIRECTOR	MICHAEL H. WEINER	59 MAIDEN LANE NEW YORK, NY 10038 USA
DIRECTOR	BARRY S. KARFUNKEL	59 MAIDEN LANE NEW YORK, NY 10038 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>
CWP		\$0.0100	10,000.00	10000

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 12 Day of January, 2015 at 1:06:44 PM. *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 LORI MARSH
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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