



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. 000442017

2. Name of Corporation HealthAllies, Inc.

3. Street Address Principal Business Office:

No. and Street: 11000 OPTUM CIRCLE

City or Town: EDEN PRAIRIE

State: MN

Zip: 55344

Country: USA

4. Business Phone No.

5. State of Incorporation

State: DE

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

Discount Medical Plan Management

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	CHRISTOPHER DAVID CIATTO	75 MAIDEN LANE NEW YORK, NY 10038 USA
TREASURER	ROBERT WORTH OBERRENDER	9900 BREN ROAD EAST MINNETONKA, MN 55343 USA
SECRETARY	JAY ANTHONY WARMUTH	9700 HEALTH CARE LANE MINNETONKA, MN 55343 USA
DIRECTOR	JOEL RICHARD COSTA	13625 TECHNOLOGY DRIVE EDEN PRAIRIE, MN 55344 USA
DIRECTOR	THOMAS MARTIN MURRAY	6300 OLSON MEMORIAL HIGHWAY

		GOLDEN VALLEY, MN 55427 USA
DIRECTOR	ANDREW CLAR SEKEL	1250 CAPITAL OF TEXAS HWY S, BLDG 1 STE 250/360 AUSTIN, TX 78746 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	1,000.00	100

**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 28 Day of January, 2015 at 10:32:07 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 MANDELINE HENDRICKS  
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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