Sta	ate of Rhode Island and Office of the Sec		Fee: \$50.00			
HOPE	Division Of Busi 148 W. Riv Providence RI (401) 222	er Street 02904-2615				
Foreign Business Cor Annual Report Filing Period: January 1 - Ma						
	7-1.2-1501(e), each corporation )) days after the time prescribed <sup>1</sup> fee of \$25.00.					
ANNUAL REPORT YEAR:	2015					
1. Corporate ID No. 000228976						
2. Name of Corporation Device Reimbursement Services, Inc.						
3. Street Address Principa	3. Street Address Principal Business Office:					
No. and Street:       7000 WEST WILLIAM CANNON DRIVE         BUILDING ONE         City or Town:       AUSTIN         State:       TX Zip:         78735         Country:       USA						
4. Business Phone No.						
5. State of Incorporation						
State: <u>NV</u>						
	Character of Business Cond	ucted in Rhode Island				
Assist in Refund of Medica	Assist in Refund of Medical Devices					
7. Names and Addresses of the Officers and Directors: All officers and directors must be listed.						
Title	Individual Name	Address				
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code	e, Country			
PRESIDENT	MICHAEL G. FRAZZETTE	150 MINUTEMAN ROA ANDOVER, MA 01810 USA	D			
TREASURER	RICHARD I. ASHTON	150 MINUTEMAN ROA ANDOVER, MA 01810 USA	D			
SECRETARY	RICHARD REW II	7000 WEST WILLIAM CANNON DRIVE AUSTIN, TX 78735 USA	BUILDING ONE			
DIRECTOR	RICHARD REW II	7000 WEST WILLIAM CANNON DRIVE AUSTIN, TX 78735 USA	BUILDING ONE			

8. Shares Authorized and Iss Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares			
CWP		\$0.0100	1,000.00	0			
<ul> <li>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.</li> <li>Signed this 4 Day of February, 2015 at 4:25:48 PM. This electronic signature of the individual or</li> </ul>							
individuals signing this inst signatory, under penalties of act and deed of the corpora electronic filing, in complian By <u>RUSSELL KOPP</u> Signature of Authorized R	rument constitutes th of perjury, that this in tion, and that the fac nce with R.I. Gen. La	e affirmation or ackn strument is that indiv ts stated herein are t ws § 7-1.2.	owledgement of idual's act and d	the eed or the			
This report cannot be ac listed in section 7.	cepted for filing if an	officer has executed	the form and he/s	she is not			
Form No. 630 Revised 09/07							