



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. 000853556

2. Name of Corporation Prospect Health Services RI, Inc.

3. Street Address Principal Business Office:

No. and Street: 10780 SANTA MONICA BLVD.
SUITE 400

City or Town: LOS ANGELES State: CA Zip: 90025 Country: USA

4. Business Phone No.

5. State of Incorporation

State: DE

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

To provide administrative and financial functions in the provision of health plan benefits to enrollees

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
SECRETARY	ELLEN SHIN	10780 SANTA MONICA BLVD., SUITE 400 LOS ANGELES, CA 90025 USA
CEO	STEPHEN O'DELL	10780 SANTA MONICA BLVD., SUITE 400 LOS ANGELES, CA 90025 USA
CFO	BRIAN WERDERMAN	600 CITY PARKWAY WEST, SUITE 800 ORANGE, CA 92868 USA
DIRECTOR	STEVE ALEMAN	10780 SANTA MONICA BLVD., SUITE 400 LOS ANGELES, CA 90025 USA

DIRECTOR	SAMUEL LEE	10780 SANTA MONICA BLVD., SUITE 400 LOS ANGELES, CA 90025 USA
DIRECTOR	MITCHELL LEW	600 CITY PARKWAY WEST, SUITE 800 ORANGE, CA 90025 USA
DIRECTOR	STEPHEN O'DELL	10780 SANTA MONICA BLVD., SUITE 400 LOS ANGELES, CA 90025 USA
DIRECTOR	DAVID TOPPER	3828 DELMAS TERRACE CULVER CITY, CA 90232 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	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 10 Day of February, 2015 at 6:16:48 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 PHALLY SEA
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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