



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. 000153886

2. Name of Corporation Carewise Health, Inc.

3. Street Address Principal Business Office:

No. and Street: 9200 SHELBYVILLE RD
SUITE 700

City or Town: LOUISVILLE

State: KY

Zip: 40222

Country: USA

4. Business Phone No.

5. State of Incorporation

State: DE

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

Health management service provider

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	RYLAND MERLE	9200 SHELBYVILLE RD, SUITE 700 LOUISVILLE, KY 40222 USA
TREASURER	JACKSON MARTIN	9200 SHELBYVILLE RD, SUITE 700 LOUISVILLE, KY 40222 USA
SECRETARY	JACKSON MARTIN	9200 SHELBYVILLE RD, SUITE 700 LOUISVILLE, KY 40222 USA
DIRECTOR	JACKSON MARTIN	9200 SHELBYVILLE RD, SUITE 700 LOUISVILLE, KY 40222 USA

DIRECTOR	RYLAND MERLE	9200 SHELBYVILLE RD, SUITE 700 LOUISVILLE, KY 40222 USA
DIRECTOR	MEHROTRA RISHABH	9200 SHELBYVILLE RD, SUITE 700 LOUISVILLE, KY 40222 USA
DIRECTOR	PILTCH STUART	9200 SHELBYVILLE RD, SUITE 700 LOUISVILLE, KY 40222 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		\$0.1000	100.00	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 10 Day of February, 2015 at 9:42:51 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 MICHELLE DONATO
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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