



**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. 000098133

2. Name of Corporation Medinsights, Inc.

3. Street Address Principal Business Office:

No. and Street: TWO PIERCE PLACE
City or Town: ITASCA

State: IL Zip: 60143 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 CARE REVIEW SERVICES

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 | SCOTT R HUDSON | TWO PIERCE PLACE ITASCA, IL 60143 USA |
| TREASURER | JACK H LAZZARO | TWO PIERCE PLACE ITASCA, IL 60143 USA |
| SECRETARY | APRIL HANES-DOWD | TWO PIERCE PLACE ITASCA, IL 60143 USA |
| DIRECTOR | SCOTT R HUDSON | TWO PIERCE PLACE ITASCA, IL 60143 USA |
| DIRECTOR | WALTER D BAY | TWO PIERCE PLACE |

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 | 400.00 | 250 |

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 20 Day of February, 2015 at 4:04:03 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 LISA COYNE

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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