



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. 000939826

2. Name of Corporation MEDSAVE SERVICES, INC.

3. Street Address Principal Business Office:

No. and Street: 49 WIRELESS BOULEVARD, SUITE 140

City or Town: HAUPPAUGE

State: NY Zip: 11788 Country: USA

4. Business Phone No.

631-780-5034

5. State of Incorporation

State: DE

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

HEALTH CARE RISK ADJUSTMENT ADMINISTRATIVE 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 | GLEN MOLLER | 49 WIRELESS BOULEVARD, SUITE 140 HAUPPAUGE, NY 11788 USA |
| TREASURER | WALTER D HOSP | 49 WIRELESS BOULEVARD HAUPPAUGE, NY 11788 USA |
| SECRETARY | WALTER D HOSP | 49 WIRELESS BLVD STE 140 HAUPPAUGE, NY 11788 USA |
| DIRECTOR | JOHN REARDON | 505 HAMILTON AVENUE, SUITE 200 PALO ALTO, CA 94301 USA |
| DIRECTOR | ANDY CAO | 505 HAMILTON AVENUE, SUITE 200 |

| | | |
|----------|-----------------|---|
| | | PALO ALTO, CA 94301 USA |
| DIRECTOR | JOSEPH DRISCOLL | 49 WIRELESS BOULEVARD HAUPPAUGE, NY 11788 USA |
| DIRECTOR | GLEN MOLLER | 49 WIRELESS BOULEVARD HAUPPAUGE, NY 11788 USA |
| DIRECTOR | PETER GRUA | 222 BERKELEY ST., 20TH FLOOR BOSTON, MA 02116 USA |
| DIRECTOR | MATTHEW DOWNS | 213 N. RACINE AVENUE CHICAGO, IL 60607 USA |
| DIRECTOR | ARNEEK MULTANI | 505 HAMILTON AVENUE, SUITE 200 PALO ALTO, CA 94301 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 | 100.00 | 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 28 Day of September, 2015 at 5:37:18 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 WALTER D. HOSP
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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