



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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