



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 100880		2. Exact name of the Corporation A-STAT Medical Billing Management, Inc.						
3. Principal office address 290 Armistice Boulevard		City Pawtucket	State RI	Zip 02861				
4. Business Phone No. 401.726.9907		5. State of Incorporation Rhode Island						
6. Brief description of the character of business conducted in Rhode Island To engage and assist in any and all billing practices and procedure related to medical transport directly or indirectly								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name Gary R. Reis			Vice-President Name Michelle A. Carello					
Street Address 86 Naushon Road			Street Address 30 Fletcher Street					
City Pawtucket	State RI	Zip 02861	City Plainville	State MA	Zip			
Secretary Name Gary R. Reis			Treasurer Name Gary R. Reis					
Street Address 86 Naushon Road			Street Address 86 Naushon Road					
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name Gary R. Reis			Director Name None					
Street Address 86 Naushon Road			Street Address					
City Pawtucket	State RI	Zip 02861	City	State	Zip			
Director Name None			Director Name None					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9. SHARES AUTHORIZED								
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.								
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
						200	Common	No Par Value

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY BY _____

FILED

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative

Date

Gary R. Reis

Print or Type Name of Authorized Representative