



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. 59971		2. Exact name of the Corporation New England Medical Billing, Inc.			
3. Principal office address 75 Newman Avenue, Suite 100		City Rumford		State RI	Zip 02916
4. Business Phone No. 401-453-0666		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Medical practice management, billing services to hospitals, physicians, health maintenance organizations, free-standing emergency rooms and other health care providers within Rhode Island.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Thomas Hall			Vice-President Name William Cioffi, MD		
Street Address 75 Newman Avenue, Suite 100			Street Address 75 Newman Avenue, Suite 100		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
Secretary Name Arlet Kurkchubasche, MD			Treasurer Name None		
Street Address 75 Newman Avenue, Suite 100			Street Address		
City Rumford	State RI	Zip 02916	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Arlet Kurkchubasche, MD			Director Name William Cioffi, MD		
Street Address 75 Newman Avenue, Suite 100			Street Address 75 Newman Avenue, Suite 100		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
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
			800	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

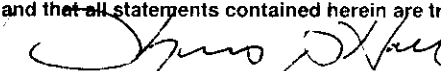
Form No. 630
Revised: 01/2012

FILED

FEB 26 2016

KL 40331

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.

 **02/09/2016**
Signature of Authorized Representative Date

Thomas Hall

Print or Type Name of Authorized Representative