



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* 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.

1. Corporate ID No. 906436		2. Name of Corporation NorthStar Medical Billing, Inc.			
3. Street Address Principal Business Office 599 C Arnold Road			City Coventry	State RI	Zip 02816
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Medical Billing					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kimberly Plante			Vice President Name Kimberly Plante		
Street Address 16227 Patriot Way			Street Address 16227 Patriot Way		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
Secretary Name Kimberly Plante			Treasurer Name Kimberly Plante		
Street Address 16227 Patriot Way			Street Address 16227 Patriot Way		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kimberly Plante			Director Name NONE		
Street Address 16227 Patriot Way			Street Address		
City West Greenwich	State RI	Zip 02817	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	NO PAR VALUE		100	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

**FILED**  
JUL 27 2016  
BY 200062 12:4

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: Kimberly Plante Date: 3-27-16  
Kimberly Plante  
Print or Type Name  
President  
Title