



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: 2017

1. Corporate ID No. 000790114

2. Name of Corporation Healthcare Resource Group, Inc.

3. Street Address Principal Business Office:

No. and Street: 12610 EAST MIRABEAU PARKWAY SUITE
800

City or Town: SPOKANE VALLEY

State: WA Zip: 99216 Country: USA

4. Business Phone No.

5092525262

5. State of Incorporation

State: WA

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

62

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

HEALTHCARE BUSINESS 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
CEO	STEVE MCCOY	12610 EAST MIRABEAU PARKWAY SUITE 800 SPOKANE VALLEY, WA 99216 USA

CFO	KRISTINA ENGLISH	12610 E MIRABEAU PARKWAY STE 800 SPOKANE VALLEY, WA 99216 USA
COO	GREG WEST	12610 E MIRABEAU PARKWAY STE 800 SPOKANE VALLEY, WA 99216 USA
DIRECTOR	DENNIS BYERLY	3888 NORTHLAKE CREEK DRIVE TUCKER, GA 30084 USA
DIRECTOR	HARRIET FLOWERS	2116 ARISTOCRAT IRVING, TX 75063 USA
DIRECTOR	JOE SCHIESL	14259 SHADY BEACH TRAIL NE PRIOR LAKE, MN 55372 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		\$0.0004	10,000,000.00	750000

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 3 Day of January, 2017 at 2:35:38 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 KRISTINA ENGLISH
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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