



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: **2017**  
Corporation

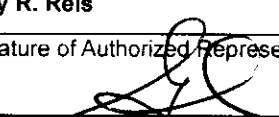
- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**

JAN 20 2017

BY

52725

1. Entity ID Number <b>100880</b>		2. Exact name of the Corporation <b>A-STAT Medical Billing Management, Inc.</b>			
3. Principal Office Address <b>290 Armistice Boulevard</b>		City <b>Pawtucket</b>		State <b>RI</b>	Zip <b>02861</b>
4. NAICS Code <b>54 - Professional, Scientific, an</b>	6. Brief description of the character of business conducted in Rhode Island <b>To engage and assist in any and all billing practices and procedure related to medical transport directly or indirectly.</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Gary R. Reis</b>			Vice-President Name <b>Michelle A. Carello</b>		
Street Address <b>86 Naushon Road</b>			Street Address <b>30 Fletcher Street</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>Plainville</b>	State <b>MA</b>	Zip
Secretary Name <b>Gary R. Reis</b>			Treasurer Name <b>Gary R. Reis</b>		
Street Address <b>86 Naushon Road</b>			Street Address <b>86 Naushon Road</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Gary R. Reis</b>			Director Name <b>None</b>		
Street Address <b>86 Naushon Road</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
<b>200</b>		<b>Common</b>		<b>No Par Value</b>	
11. 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.					
<b>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.</b>					
Name of Authorized Representative <b>Gary R. Reis</b>					Date <b>1-16-17</b>
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					