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. 000156418

2. Name of Corporation ProVation Medical, Inc.

3. Street Address Principal Business Office:

No. and Street: 800 WASHINGTON AVE STE400
City or Town: MINNEAPOLIS State: MN Zip: 55401 Country: USA

4. Business Phone No.

5. State of Incorporation

State: DE

ARTICLE III

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

NAICS Code 6 54

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

HEALTHCARE SOFTWARE AND SERVICES COMPANY PROVIDING SOLUTIONS FOR MEDICAL SPECIALTIES

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
PRESIDENT	DAVID DEL TORO	800 WASHINGTON AVE N MINNEAPOLIS, MN 55401 USA

TREASURER	KATIE VITTERS	800 WASHINGTON AVE N MINNEAPOLIS, MN 55401 USA
SECRETARY	DEIDRA D GOLD	2700 LAKE COOK ROAD RIVERWOODS, IL 60015 USA
VICE PRESIDENT	PETER F HEALY	2700 LAKE COOK ROAD RIVERWOODS, IL 60015 USA
DIRECTOR	DIANA L NOLE	2001 MARKET STREET PHILADELPHIA, PA 19103 USA
DIRECTOR	DAVID DEL TORO	800 WASHINGTON AVE N MINNEAPOLIS, MN 55401 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CWP		$0.0010	1,000.00	1000

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 24 Day of January, 2017 at 4:02:11 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 DEIDRA D GOLD
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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