



**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.** 000117036

**2. Name of Corporation** HealthScope Benefits, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 27 CORPORATE HILL DRIVE  
City or Town: LITTLE ROCK

State: AR Zip: 72205 Country: USA

**4. Business Phone No.**

5012251551

**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

81

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

TO ENGAGE IN THE OPERATIONS OF A THIRD PARTY ADMINISTRATOR OF SELF-FUNDED HEALTH PLANS

**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	MARY CATHERINE PERSON	27 CORPORATE HILL DRIVE LITTLE ROCK, AR 72205 USA

CEO	JOE EDWARDS	27 CORPORATE HILL DRIVE LITTLE ROCK, AR 72205 USA
CEO	JOE EDWARDS	27 CORPORATE HILL DR LITTLE ROCK, AR 72205-4537 UNI

## 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>
PWP		\$0.0100	2,750,000.00	800
CWP		\$0.0100	5,500,000.00	100000

**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 5:44:12 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 MARY CATHERINE PERSON  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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