



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. 000535063

2. Name of Corporation Alliance HealthCare Services, Inc.

3. Street Address Principal Business Office:

No. and Street: 100 BAYVIEW CIRCLE SUITE 400

City or Town: NEWPORT BEACH

State: CA Zip: 92660 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

62

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

PROVIDES HEALTHCARE SERVICES

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed.**

| Title     | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country  |
|-----------|------------------------------------------------|-------------------------------------------------------------|
| PRESIDENT | LARRY C. BUCKELEW                              | 100 BAYVIEW CIRCLE SUITE 400<br>NEWPORT BEACH, CA 92660 USA |
| SECRETARY | RICHARD W. JOHNS                               | 100 BAYVIEW CIRCLE, SUITE 400                               |

|          |                   |                                                              |
|----------|-------------------|--------------------------------------------------------------|
|          |                   | NEWPORT BEACH, CA 92660 USA                                  |
| CFO      | HOWARD K. AIHARA  | 100 BAYVIEW CIRCLE, SUITE 400<br>NEWPORT BEACH, CA 92660 USA |
| DIRECTOR | SCOTT BARTOS      | 100 BAYVIEW CIRCLE SUITE 400<br>NEWPORT BEACH, CA 92660 USA  |
| DIRECTOR | AARON BENDIKSON   | 100 BAYVIEW CIRCLE SUITE 400<br>NEWPORT BEACH, CA 92660 USA  |
| DIRECTOR | LARRY C. BUCKELEW | 100 BAYVIEW CIRCLE SUITE 400<br>NEWPORT BEACH, CA 92660 USA  |
| DIRECTOR | NEIL DIMICK       | 100 BAYVIEW CIRCLE SUITE 400<br>NEWPORT BEACH, CA 92660 USA  |
| DIRECTOR | MICHAEL HARMON    | 100 BAYVIEW CIRCLE SUITE 400<br>NEWPORT BEACH, CA 92660 USA  |
| DIRECTOR | CURTIS LANE       | 100 BAYVIEW CIRCLE SUITE 400<br>NEWPORT BEACH, CA 92660 USA  |
| DIRECTOR | EDWARD L SAMEK    | 100 BAYVIEW CIRCLE SUITE 400<br>NEWPORT BEACH, CA 92660 USA  |
| DIRECTOR | PERCY TOMLINSON   | 100 BAYVIEW CIRCLE, SUITE 400<br>NEWPORT BEACH, CA 92660 USA |
| DIRECTOR | PAUL S. VIVIANO   | 100 BAYVIEW CIRCLE SUITE 400<br>NEWPORT BEACH, CA 92660 USA  |

## 8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized<br>Shares<br><i>Number of Shares</i> | Total Issued<br>and<br>Outstanding<br><i>Num of<br/>Shares</i> |
|----------------|-----------------|---------------------|-------------------------------------------------------|----------------------------------------------------------------|
| STK            |                 | \$0.0100            | 100,000,000.00                                        | 10774857                                                       |

**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 1 Day of February, 2017 at 7:03:05 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 KELLY LETTMANN  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

