

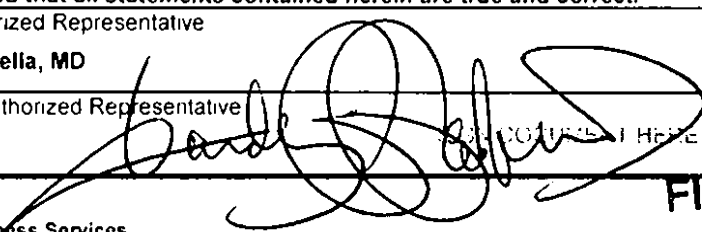


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**STAMP**

**Annual Report for the year: 2018**  
**Corporation**

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

|  |                    |  |   |                    |                        |
|--|--------------------|--|---|--------------------|------------------------|
| 1. Entity ID Number<br><b>99447</b>  |                    | 2. Exact name of the Corporation<br><b>Mentor Medical Management, Inc.</b>                                     |   |                    |                        |
| 3. Principal Office Address<br><b>1130 Ten Rod Road</b>  |                    |  | City<br><b>North Kingstown</b>  | State<br><b>RI</b> | Zip<br><b>02852</b>    |
| 4. NAICS Code<br><b>518210</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Medical Billing Services</b> |   |                    |                        |
| 5. State of Incorporation<br><b>RI</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<br><b>Landy P. Paolella, MD</b>   |                    |  | Vice-President Name<br><b>Robert Binek, MD</b>  |                    |                        |
| Street Address<br><b>1130 Ten Rod Road</b>   |                    |  | Street Address<br><b>1130 Ten Rod Road</b>  |                    |                        |
| City<br><b>North Kingstown</b>   | State<br><b>RI</b> | Zip<br><b>02852</b>  | City<br><b>North Kingstown</b>  | State<br><b>RI</b> | Zip<br><b>02852</b>    |
| Secretary Name<br><b>Donna Haley</b>   |                    |  | Treasurer Name<br><b>Donna Haley</b>  |                    |                        |
| Street Address<br><b>1130 Ten Rod Road</b>   |                    |  | Street Address<br><b>1130 Ten Rod Road</b>  |                    |                        |
| City<br><b>North Kingstown</b>   | State<br><b>RI</b> | Zip<br><b>02852</b>  | City<br><b>North Kingstown</b>  | State<br><b>RI</b> | Zip<br><b>02852</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  |                    |  | Director Name   |                    |                        |
| Street Address   |                    |  | Street Address  |                    |                        |
| City   | State              | Zip  | City  | State              | Zip                    |
| Director Name  |                    |  | Director Name   |                    |                        |
| Street Address   |                    |  | Street Address  |                    |                        |
| City   | State              | Zip  | City  | State              | Zip                    |
| 9. Shares Authorized   |                    |  | 10. Shares Issued <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.<br><br>Changes require an additional filing.   |                    |  | NUMBER OF SHARES  |                    | CLASS/SERIES           |
|  |                    |  | <b>300</b>  | <b>Common</b>      | <b>No Par</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<br><b>Landy P. Paolella, MD</b>  |                    |  |   |                    | Date<br><b>1/22/18</b> |
| Signature of Authorized Representative<br>  |                    |  |   |                    |                        |

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

**JAN 29 2018**

BY 8709 DS