State of	of Rhode Island and Pro		Fee: \$50.00				
HOPE	Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040						
Foreign Business Corpora Annual Report Filing Period: January 1 - March 1	ation						
In accordance with R.I.G.L. 7-1.2- annual report within thirty (30) day (c&d)) is subject to a penalty fee o	s after the time prescribed by la						
ANNUAL REPORT YEAR: 2018							
1. Corporate ID No. 000939826							
2. Name of Corporation MEDSAVE SERVICES, INC.							
3. Street Address Principal Business Office:							
No. and Street: <u>49 WIRELESS BOULEVARD</u> SUITE 140							
City or Town: HAUPPAGE	<u>E</u> St	ate: <u>NY</u> Zip: <u>11788</u> Coun	try: <u>USA</u>				
4. Business Phone No.							
5. State of Incorporation							
State: <u>DE</u>							
	ARTICLE III						
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.							
<u>524298</u>							
6. Brief Description of the Character of Business Conducted in Rhode Island							
HEALTH CARE RISK ADJUSTMENT ADMINISTRATIVE SERVICES							
7. Names and Addresses of the Officers and Directors: All officers and directors must be listed.							
Title	Individual Name	Address					
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Co	de, Country				
CFO	PAUL PARRISH	49 WIRELESS BOULEVARD, HAUPPAGE, NY 11788 US					

CEO / PRESIDENT / SECRETARY / DIRECTOR	PAUL ROMA	49 WIRELESS BOULEVARD, SUITE 140 HAUPPAGE, NY 11788 USA	
DIRECTOR	MATHEW HOLT	49 WIRELESS BOULEVARD, SUITE 140 HAUPPAGE, NY 11788 USA	
DIRECTOR	JACK QUIN	49 WIRELESS BOULEVARD, SUITE 140 HAUPPAGE, NY 11788 USA	
DIRECTOR	ALBERT NOTINI	49 WIRELESS BOULEVARD, SUITE 140 HAUPPAGE, NY 11788 USA	
DIRECTOR	MATTHEW BENNETT	49 WIRELESS BOULEVARD, SUITE 140 HAUPPAGE, NY 11788 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 <i>Num of</i> <i>Shares</i>
CWP		\$0.0100	100.00	100

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 March, 2018 at 9:21:15 AM. 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 PAUL ROMA

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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