State of Rhode Island and Providence Plantations       Fee: \$50.00         Office of the Secretary of State       Division Of Business Services         148 W. River Street       Providence RI 02904-2615         Providence RI 02904-2615       (401) 222-3040         Fee: \$50.00         Foreign Business Corporation         Amount of 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 thirdy (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: 2018         1. Corporate ID No.       000939826         2. Name of Corporation MEDSAVE SERVICES, INC.       In accordances with Hubper AGE         3. Street Address Principal Business Office:       Vertical Business Office:         No. and Street:       49 WIRELESS BOULEVARD         SUITE 140       Suite of Town:         City or Town:       HAUPPAGE         State of Incorporation       State: NY         State of Incorporation       State: NY         State of Incorporation       State: DE						
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 (c8d)) is subject to a penalty fee of \$25.00.         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:       49 WIRELESS BOULEVARD EUITE 140         City or Town:       HAUPPAGE       State: NY       Zip: 11788         4. Business Phone No.       5. State of Incorporation						
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 (e&d)) is subject to a penalty fee of \$25.00.         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:       49 WIRELESS BOULEVARD SUITE 140         City or Town:       HAUPPAGE         State: NY       Zip: 11788         4. Business Phone No.         5. State of Incorporation						
(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 (e&d)) is subject to a penalty fee of \$25.00.  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: 49 WIRELESS BOULEVARD SUITE 140 City or Town: HAUPPAGE State: NY Zip: 11788 Country: USA  4. Business Phone No.  5. State of Incorporation						
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: 2018         1. Corporate ID No.       000939826         2. Name of Corporation MEDSAVE SERVICES, INC.         3. Street Address Principal Business Office:         No. and Street:       49 WIRELESS BOULEVARD SUITE 140         City or Town:       HAUPPAGE         State of Incorporation						
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City or Town: SUITE 140 HAUPPAGE   State: NY Zip: 11788   Country: USA   4. Business Phone No.   5. State of Incorporation						
City or Town:       HAUPPAGE       State: NY       Zip: 11788       Country: USA         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 <u>here.</u> More information on <u>NAICS</u> 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 Code, Country						
CFO PAUL PARRISH 40 MIDEL FOR DOLL EVADD, SUITE 440						

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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