RI SOS Filing Number: 201859701690 Date: 3/2/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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	2. Exact name of the Corporation
59971	New England Medical Billing, Inc.

3. Principal Office Address	City	State	Zip
75 newman Avenue, Suite 100	Rumford,	RI	02916

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541219	Medical billing and practice management services
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Thomas Hall	William Cioffi, MD
Street Address: 75 newman Avenue, Suite 100	Street Address: 75 Newman Avenue, Suite 100
City: Rumford, State: RI, Zip: 02916	City: Rumford, State: RI, Zip: 02916
Secretary Name	Treasurer Name
Street Address	Street Address
City, State, Zip	City, State, Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
William Cioffi, MD	
Street Address: 75 Newman Avenue, Suite 100	Street Address
City: Rumford, State: RI, Zip: 02916	City, State, Zip
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE

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.

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.

Name of Authorized Representative: Thomas Hall

Date:

Signature of Authorized Representative: Thomas D Hall SIGN DOCUMENT HERE

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
MAR 02 2018
BY 1775

FORM 630 - Revised: 10/2017