



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

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CORPORATIONS DIV
2018 APR 30 AM 10:57

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 <u>115427</u>		2. Exact name of the Corporation <u>LPS Billing Service</u>			
3. Principal Office Address <u>652 George Washington Hwy</u>		City <u>Lincoln</u>		State <u>RI</u>	Zip <u>02865</u>
4. NAICS Code <u>541219</u>		6. Brief description of the character of business conducted in Rhode Island <u>Third party insurance billing office</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Walter D Fitzhugh III, MD</u>			Vice-President Name <u>None</u>		
Street Address <u>10 Seaview Dr</u>			Street Address		
City <u>Barrington</u>	State <u>RI</u>	Zip <u>02816</u>	City	State	Zip
Secretary Name <u>None</u>			Treasurer Name <u>None</u>		
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 <u>None</u>			Director Name <u>None</u>		
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 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		
			<u>1000</u> <u>CWP</u> <u>1000</u>		
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 <u>Walter D Fitzhugh III, MD</u>					Date <u>4/27/18</u>
Signature of Authorized Representative <u>Walter D Fitzhugh III</u>					FILED APR 30 2018 BY <u>329678</u>