



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
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 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2019

1. Corporate ID No. 000115933

2. Name of Corporation Magellan Healthcare, Inc.

3. Street Address Principal Business Office:

No. and Street: 8621 ROBERT FULTON DRIVE
City or Town: COLUMBIA

State: MD Zip: 21046 Country: USA

4. Business Phone No.

5. State of Incorporation

State: DE

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.

624190

6. Brief Description of the Character of Business Conducted in Rhode Island

SERVICES RELATED TO THE PROVISION OF MANAGED BEHAVIORAL HEALTHCARE.

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
TREASURER	JONATHAN N RUBIN	55 NOD ROAD AVON, CT 06001 USA
SECRETARY	DANIEL N GREGOIRE	55 NOD ROAD

		AVON, CT 06001 USA
VICE PRESIDENT	BARRY M SMITH	4800 N. SCOTTSDALE ROAD, STE. 4400 SCOTTSDALE, AZ 85251 USA
ASSISTANT SECRETARY	JOEL GLUZMAN	3131 CAMINO DEL RIO N., STE. 400 SAN DIEGO, CA 92108 USA
VICE PRESIDENT	JEFFREY WEST	14100 MAGELLAN PLAZA MARYLAND HEIGHTS, MO 63043 USA
CEO & PRESIDENT	BARRY M. SMITH	4800 N. SCOTTSDALE ROAD, STE. 4400 SCOTTSDALE, AZ 85251 USA
ASSISTANT SECRETARY	MICHAEL P. MCQUILLEN	8621 ROBERT FULTON DRIVE COLUMBIA, MD 21046 USA
ASSISTANT SECRETARY	JOHN J. DIBERNARDI	8621 ROBERT FULTON DRIVE COLUMBIA, MD 21046 USA
ASSISTANT SECRETARY	TERESA ALCORN	4800 N. SCOTTSDALE ROAD, STE. 4400 SCOTTSDALE, AZ 85251 USA
DIRECTOR	JONATHAN N RUBIN	55 NOD ROAD AVON, CT 06001 USA
DIRECTOR	DANIEL N GREGOIRE	55 NOD ROAD AVON, CT 06001 USA
DIRECTOR	GUS GIRALDO	7600 NW 19TH STREET, STE. 400 MIAMI, FL 33126 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.0000	1,000.00	1000

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 28 Day of February, 2019 at 7:28:00 PM. *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 DANIEL N. GREGOIRE
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07