



**State of Rhode Island**  
**Department of State - Business Services Division**

Annual Report for the year: **2024**

**Corporation**


- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED<sup>1</sup>**

**APR 24 2024**

BY **58443**

**DS**

| 1. Entity ID Number<br><b>100880</b>   |                 | 2. Exact name of the Corporation<br><b>A-Stat Medical Billing Inc.</b>   |   |                          |                     |                  |              |           |            |               |                     |
|--|-----------------|--|---|--------------------------|---------------------|------------------|--------------|-----------|------------|---------------|---------------------|
| 3. Principal Office Address<br><b>290 Armistice Boulevard</b>  |                 |  | City<br><b>Pawtucket</b>  | State<br><b>RI</b>       | Zip<br><b>02861</b> |                  |              |           |            |               |                     |
| 4. NAICS Code<br><b>541219</b>   |                 | 6. Brief description of the character of business conducted in Rhode Island<br><b>To engage and assist in any and all billing practices and procedure related to medical transport directly or indirectly.</b> |   |                          |                     |                  |              |           |            |               |                     |
| 5. State of Incorporation<br><b>Rhode Island</b>   |                 |  |   |                          |                     |                  |              |           |            |               |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |  |   |                          |                     |                  |              |           |            |               |                     |
| President Name <b>Gary R. Reis</b>   |                 |  | Vice-President Name <b>Gary R. Reis</b>   |                          |                     |                  |              |           |            |               |                     |
| Street Address <b>86 Naushon Road</b>  |                 |  | Street Address <b>86 Naushon Road</b>   |                          |                     |                  |              |           |            |               |                     |
| City <b>Pawtucket</b>  | State <b>RI</b> | Zip <b>02861</b>   | City <b>Pawtucket</b>   | State <b>RI</b>          | Zip <b>02861</b>    |                  |              |           |            |               |                     |
| Secretary Name <b>Gary R. Reis</b>   |                 |  | Treasurer Name <b>Gary R. Reis</b>  |                          |                     |                  |              |           |            |               |                     |
| Street Address <b>86 Naushon Road</b>  |                 |  | Street Address <b>86 Naushon Road</b>   |                          |                     |                  |              |           |            |               |                     |
| City <b>Pawtucket</b>  | State <b>RI</b> | Zip <b>02861</b>   | City <b>Pawtucket</b>   | State <b>RI</b>          | Zip <b>02861</b>    |                  |              |           |            |               |                     |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                 |  |   |                          |                     |                  |              |           |            |               |                     |
| Director Name <b>Gary R. Reis</b>  |                 |  | Director Name <b>None</b>   |                          |                     |                  |              |           |            |               |                     |
| Street Address <b>86 Naushon Road</b>  |                 |  | Street Address  |                          |                     |                  |              |           |            |               |                     |
| City <b>Pawtucket</b>  | State <b>RI</b> | Zip <b>02861</b>   | City  | State                    | Zip                 |                  |              |           |            |               |                     |
| Director Name <b>None</b>  |                 |  | Director Name <b>None</b>   |                          |                     |                  |              |           |            |               |                     |
| Street Address   |                 |  | Street Address  |                          |                     |                  |              |           |            |               |                     |
| City   | State           | Zip  | City  | State                    | Zip                 |                  |              |           |            |               |                     |
| 9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |  |   |                          |                     |                  |              |           |            |               |                     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                 |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                          |                     |                  |              |           |            |               |                     |
|  |                 |  | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>200</b></td> <td><b>Common</b></td> <td><b>No Par Value</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                          |                     | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | <b>200</b> | <b>Common</b> | <b>No Par Value</b> |
| NUMBER OF SHARES   | CLASS/SERIES    | PAR VALUE  |   |                          |                     |                  |              |           |            |               |                     |
| <b>200</b>   | <b>Common</b>   | <b>No Par Value</b>  |   |                          |                     |                  |              |           |            |               |                     |
|  |                 |  |   |                          |                     |                  |              |           |            |               |                     |
| 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.<br><b>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.</b> |                 |  |   |                          |                     |                  |              |           |            |               |                     |
| Name of Authorized Representative<br><b>Gary R. Reis</b>   |                 |  |   | Date<br><b>3/13/2024</b> |                     |                  |              |           |            |               |                     |
| Signature of Authorized Representative<br>  |                 |  |   |                          |                     |                  |              |           |            |               |                     |

**MAIL TO:**  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)