



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.

FILED¹

APR 24 2024

BY 58443

DS

1. Entity ID Number 100880		2. Exact name of the Corporation A-Stat Medical Billing Inc.			
3. Principal Office Address 290 Armistice Boulevard			City Pawtucket	State RI	Zip 02861
4. NAICS Code 541219		6. Brief description of the character of business conducted in Rhode Island To engage and assist in any and all billing practices and procedure related to medical transport directly or indirectly.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gary R. Reis			Vice-President Name Gary R. Reis		
Street Address 86 Naushon Road			Street Address 86 Naushon Road		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Gary R. Reis			Treasurer Name Gary R. Reis		
Street Address 86 Naushon Road			Street Address 86 Naushon Road		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gary R. Reis			Director Name None		
Street Address 86 Naushon Road			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Director Name None			Director Name None		
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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	Common	No 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 Gary R. Reis					Date 3/13/2024
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov