



**State of Rhode Island
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: February 1 - May 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 - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001754153

2. Name of Corporation Michigan Medical Advantage, Inc.

3. Street Address Principal Business Office:

No. and Street: 39555 ORCHARD HILL PLACE
SUITE 445

City or Town: NOVI State: MI Zip: 48375 Country: USA

4. Business Phone No.

8009279800

5. State of Incorporation

State: MI

NAICS CODE

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.

561110

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

HEALTHCARE CONSULTING AND MANAGEMENT SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	PAUL MACLELLAN	39555 ORCHARD HILL PLACE, SUITE 445 NOVI, MI 48375 USA
TREASURER	MARCO ADRIAN VANDERLAAN	39555 ORCHARD HILL PLACE, SUITE 445 NOVI, MI 48375 USA
SECRETARY	DAVID A MCHALE	185 GREENWOOD ROAD NAPA, CA 94558 USA
DIRECTOR	ELLEN HORNBERGER MASTERSON	39555 ORCHARD HILL PLACE, SUITE 445 NOVI, MI 48375 USA
DIRECTOR	PAUL MACLELLAN	39555 ORCHARD HILL PLACE, SUITE 445 NOVI, MI 48375 USA
DIRECTOR	RICHARD E ANDERSON MD	185 GREENWOOD ROAD NAPA, CA 94558 USA
DIRECTOR	DAVID A MCHALE	185 GREENWOOD ROAD NAPA, CA 94558 USA
DIRECTOR	ROBERT E WHITE JR	39555 ORCHARD HILL PLACE, SUITE 445 NOVI, MI 48375 USA
DIRECTOR	MARY ANN THODE	39555 ORCHARD HILL PLACE, SUITE 445 NOVI, MI 48375 USA
DIRECTOR	WILLIAM RUPP MD	39555 ORCHARD HILL PLACE, SUITE 445 NOVI, MI 48375 USA
DIRECTOR	MARCO ADRIAN VANDERLAAN	39555 ORCHARD HILL PLACE, SUITE 445 NOVI, MI 48375 USA
DIRECTOR	DANIEL CASSAVAR	39555 ORCHARD HILL PLACE, SUITE 445 NOVI, MI 48375 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>
CNP		\$0.0000	60,000.00	10

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 29 Day of April, 2024 at 12:44:20 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 DAVID A MCHALE

Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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