



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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.

1. Corporate ID No. 563906		2. Name of Corporation Eligibill, Inc.	
3. Street Address Principal Business Office 11045 N Towne Square Road		City Mequon	State WI
4. Business Phone No. 262 240-9700		5. State of Incorporation RI	
6. Brief Description of the Character of Business Conducted in Rhode Island Consulting services to medical industry and computer software to providers and insurance industry.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Robert W. Thickens		Vice President Name none	
Street Address 11045 N Towne Square Rd.		Street Address	
City Mequon	State WI	Zip 53092	City Mequon
Secretary Name none		Treasurer Name none	
Street Address		Street Address	
City	State	Zip	City
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Robert W. Thickens		Director Name Pamela P. Thickens	
Street Address 11045 N. Towne Square Road		Street Address 11045 N Towne Square Road	
City Mequon	State WI	Zip 53092	City Mequon
Director Name Peter R. Carson		Director Name	
Street Address 221 Third St., Admirals Gate Tower		Street Address	
City Newport	State RI	Zip 02840-1088	City
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED	
		Number of Shares 10,000	Class/Series Class A
		Par Value \$0.01 each	

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 CORPORATIONS DIV
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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.

FILED *m*

File Date FEB 17 2012

Check No. _____

By: BY *a* 163831 10:19

FOR SECRETARY OF STATE USE ONLY

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.

Robert W. Thickens
 Signature _____ Date _____
 Robert W. Thickens
 Print or Type Name
 Chairman of Board
 Title