



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 SECRETARY OF STATE  
 CORPORATIONS DIV

2019 FEB 19 AM 10:27

**Annual Report for the year:** 2018  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000132837		2. Exact name of the Corporation GF Health Products, Inc.			
3. Principal Office Address One Graham-Field Way		City Atlanta		State GA	Zip 30340
4. NAICS Code 339113		6. Brief description of the character of business conducted in Rhode Island Manufacturing and Distribution of Medical Products			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Kenneth Spett		Vice-President Name Chene Antoniazzi			
Street Address One Graham-Field Way		Street Address One Graham-Field Way			
City Atlanta		State GA	Zip 30340	City Atlanta	State GA
Secretary Name Lori Kirschner		Treasurer Name			
Street Address One Graham-Field Way		Street Address			
City Atlanta		State GA	Zip 30340	City	State
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Kenneth Spett		Director Name Moses Marx			
Street Address One Graham-Field Way		Street Address One Graham-Field Way			
City Atlanta		State GA	Zip 30340	City Atlanta	State GA
Director Name Philippe Katz		Director Name			
Street Address One Graham-Field Way		Street Address			
City Atlanta		State GA	Zip 30340	City	State
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		1,735,731	Common Stock	\$0.01	
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. <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 Lori Kirschner				Date 2/8/2019	
Signature of Authorized Representative 				<b>FILED</b>	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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