



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

**Fee: \$50.00**

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

**Business Corporation  
Annual Report**

*Filing Period: January 1 - March 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:** 2008

**1. Corporate ID No.** 000149483

**2. Name of Corporation** HUBSCRUB OF NEW ENGLAND INC

**3. Street Address Principal Business Office:**

No. and Street: 30 EUCLID AVE

City or Town: RIVERSIDE

State: RI

Zip: 02915

Country: USA

**4. Business Phone No.**

401-434-2968

**5. State of Incorporation**

State: RI

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

MEDICAL EQUIPMENT CLEANING SYSTEMS/RENTAL, SALE, & SERVICES

**7. Names and Addresses of the Officers and Directors:**

| <b>Title</b>   | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|----------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TREASURER      | JUDITH VILARDI                                        | 30 EUCLID AVE<br>RIVERSIDE, RI 02915 USA                          |
| SECRETARY      | JEFFERY S VILARDI                                     | 30 EUCLID AVE<br>RIVERSIDE, RI 02915 USA                          |
| VICE PRESIDENT | CHRISTINA A VILARDI                                   | 55 ROBINHOOD DR.<br>RIVERSIDE, RI 02915 USA                       |
| PRESIDENT      | CHRISTOPHER T VILARDI                                 | 30 EUCLID AVE<br>RIVERSIDE, RI 02915- USA                         |

**8. Shares Authorized and Issued**

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares<br><i>Number of Shares</i> | Total Issued and Outstanding<br><i>Num of Shares</i> |
|----------------|-----------------|---------------------|----------------------------------------------------|------------------------------------------------------|
| CNP            |                 | \$0.00              | 100.00                                             | 100                                                  |

**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 19 Day of March, 2008 at 8:21:32 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 CHRISTOPHER T. VILARDI  
Signature of Authorized Representative of the Corporation

PRESIDENT  
Title

Form No. 630  
Revised 09/07

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