



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 2009

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. 000485396		2. Name of Corporation New England Mobile Medical, Inc.			
3. Street Address Principal Business Office 194 Waterman Lake Drive			City Glocester	State RI	Zip 02814
4. Business Phone No. 401-401-626-6640		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Medical Services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert E. McKittrick, Jr.			Vice President Name Robert E. McKittrick, Jr.		
Street Address 194 Waterman Lake Drive			Street Address 194 Waterman Lake Drive		
City Glocester	State RI	Zip 02814	City Glocester	State RI	Zip 02814
Secretary Name Robert E. McKittrick, Jr.			Treasurer Name Robert E. McKittrick, Jr.		
Street Address 194 Waterman Lake Drive			Street Address 194 Waterman Lake Drive		
City Glocester	State RI	Zip 02814	City Glocester	State RI	Zip 02814
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert E. McKittrick, Jr.			Director Name		
Street Address 194 Waterman Lake Drive			Street Address		
City Glocester	State RI	Zip 02814	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	\$1.00 par value	1,000	Common	\$1.00 par value

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.

File Date	FILED
Check No.	MAR 03 2009
By:	12 793
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 E. McKittrick, Jr. 27 Feb 09
Signature Date

Robert E. McKittrick, Jr.

Print or Type Name

President

Title