



State of Rhode Island and Providence Plantations  
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: 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:** 2010

**1. Corporate ID No.** 000514669

**2. Name of Corporation** Medical Gas Management, Inc.

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

No. and Street: 1628 NORTH 18TH STREET

City or Town: ALLENTOWN

State: PA

Zip: 18102

Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: DE

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

SALES SERVICE DESIGN AND INSTALLATION OF MEDICAL GAS PIPELINES SYSTEMS

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

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	JON HOLMWOOD	1628 NORTH 18TH STREET ALLENTOWN, PA 18102 USA
TREASURER	PAUL PLESSE	1628 NORTH 18TH STREET ALLENTOWN, PA 18102 USA
SECRETARY	ROBERT H YOUNG JR	1628 NORTH 18TH STREET ALLENTOWN, PA 18102 USA
VICE PRESIDENT	THOMAS M. SMYTH	1628 NORTH 18TH STREET ALLENTOWN, PA 18102 USA
DIRECTOR	JON HOLMWOOD	1628 NORTH 18TH STREET ALLENTOWN, PA 18102 USA
DIRECTOR	THOMAS M. SMYTH	1628 NORTH 18TH STREET ALLENTOWN, PA 18102 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>
CWP		\$0.01	1,000.00	0
PWP		\$0.01	1,000.00	0

**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 11 Day of February, 2010 at 2:11:58 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 ANNE MEYER  
Signature of Authorized Representative of the Corporation

POA  
Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630  
Revised 09/07