



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

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: June 1 - June 30 • **Filing Fee:** \$20.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 62296		2. Name of Corporation H & T Medicals, Inc.			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 1734 Broad Street		City Cranston	Zip 02905
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Health Care And Transportation					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name George Annan			Vice President Name		
Street Address 80 Tenth Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Delores Annan			Treasurer Name		
Street Address 80 Tenth Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Dr. Elizeu Lima			Director Name Cristiano Pina		
Street Address 945 Veterans Mem. Parkway			Street Address 538 West Avenue		
City East Providence	State RI	Zip 02915	City Pawtucket	State RI	Zip 02860
Director Name Margaret Vacarro			Director Name		
Street Address 37 Old Oak Street			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

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BY 6659
6657

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.

Signature of Officer

Date

GEORGE ANNAN

Print or Type Name of Officer

CEO

Title of Officer

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY