



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 70398		2. Exact name of the Corporation Vital Signs Sales Corporation			
3. Principal office address 20 Campus Road		City Totowa	State NJ	Zip 07512	
4. Business Phone No. (518)433-4337		5. State of Incorporation Delaware			
6. Brief description of the character of business conducted in Rhode Island Sales and Service of X-Ray Equipment					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name William Estep		Vice-President Name Barbara Cameron			
Street Address 20 Campus Road		Street Address 12 Corporate Woods Blvd.			
City Totowa	State NJ	Zip 07512	City Albany	State NY	Zip 12211
Secretary Name Robert Ladd		Treasurer Name Brett Foster			
Street Address 20 Campus Road		Street Address 20 Campus Road			
City Totowa	State NJ	Zip 07512	City Totowa	State NJ	Zip 07512
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name William Estep		Director Name			
Street Address 20 Campus Road		Street Address			
City Totowa	State NJ	Zip 07512	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		None			

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.

FILED

File Date

FEB 27 2012

Check No.

By:

16067751

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.

Barbara Cameron
Signature of Authorized Representative

2-15-12
Date

Barbara Cameron

Print or Type Name of Authorized Representative