

# 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: 2013** 

1. Corporate ID No. 000160615

2. Name of Corporation Allied Home Medical Inc

3. Street Address Principal Business Office:

No. and Street: 3075 POPLAR GROVE ROAD

City or Town: COOKEVILLE State: TN Zip: 38506 Country: USA

4. Business Phone No.

9315286199

5. State of Incorporation

State: TN

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

## PROVIDER OF MEDICAL EQUIPMENT

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

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KIRK D CASKEY	375 LAKESHORE DR SILVER POINT, TN 38582 USA
SECRETARY	LINDA D CASKEY	3685 HICKORY VALLEY RD SPARTA, TN 38583 USA
VICE PRESIDENT	WILLIAM T CASKEY	3685 HICKORY VALLEY COOKEVILLE, TN 38583 USA

### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
CWP		\$1.0000	50,000.00	1000

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 22 Day of January, 2013 at 4:36:43 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 LINDA CASKEY

Signature of Authorized Representative of the Corporation

<u>SEC</u>

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

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