



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 2013

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. 000485751		2. Exact name of the Corporation BeLe Medical, Inc.			
3. Principal office address 197 Warren Avenue		City East Providence		State RI	Zip 02914
4. Business Phone No. 401-441-5310		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Rental and sales of Durable Medical Equipment					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Rodrigo M Bettencourt			Vice-President Name		
Street Address 42 Talcott St			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Rodrigo M. Bettencourt			Director Name		
Street Address 42 Talcott St			Street Address		
City Barrington	State RI	Zip 02806	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) <input type="checkbox"/>		
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
			1000		\$0.00

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, the report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date

APR 18 2013

Check No

By:

BY

196414

42:6 HV 81

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 Authorized Representative

Date

4-18-13

Rodrigo M. Bettencourt

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY