



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 2015

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. 147147		2. Exact name of the Corporation ABSOLUTE RESPIRATORY CARE, INC.			
3. Principal office address 1665 HARTFORD AVENUE, SUITE 24		City JOHNSTON		State RI	Zip 02919
4. Business Phone No. 401-949-4803		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island TO BUY, SELL IMPORT, EXPORT, EXCHANGE, LEASE, CONSTRUCT AND GENERALLY DEAL IN ALL TYPES OF MEDICAL EQUIPMENT AND RELATED SUPPLIES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name RICHARD A. CLARK			Vice-President Name JAYNE D. MATOIAN		
Street Address 136 INDIAN RUN TRAIL			Street Address 78 BOULEVARD AVENUE		
City SMITHFIELD	State RI	Zip 02917	City LINCOLN	State RI	Zip 02865
Secretary Name JAYNE D. MATOIAN			Treasurer Name RICHARD A. CLARK		
Street Address 78 BOULEVARD AVENUE			Street Address 136 INDIAN RUN TRAIL		
City LINCOLN	State RI	Zip 02865	City SMITHFIELD	State RI	Zip 02917
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	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
			200	COMMON	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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

RICHARD A. CLARK, PRESIDENT

Print or Type Name of Authorized Representative

Date

1/16/15