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.	2. Exact name of the Corporation
106795	RN Resources, Inc.

3. Principal office address	City	State	Zip
45 Beechnut Drive, PO Box 806	Lincoln	NH	03251

4. Business Phone No.	5. State of Incorporation
603-745-9434	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
To employ registered nurses to conduct vascular access education, consultation and evaluation support

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

	President Name	Street Address	City	State	Zip
	Marian G. Marcoccio	45 Beechnut Drive, PO Box 806	Lincoln	NH	03251
	Vice-President Name	Street Address	City	State	Zip
	Marian G. Marcoccio	45 Beechnut Drive, PO Box 806	Lincoln	NH	03251
	Secretary Name	Street Address	City	State	Zip
	Marian G. Marcoccio	45 Beechnut Drive, PO Box 806	Lincoln	NH	03251
	Treasurer Name	Street Address	City	State	Zip
	Marian G. Marcoccio	45 Beechnut Drive, PO Box 806	Lincoln	NH	03251

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

	Director Name	Street Address	City	State	Zip
	Marian G. Marcoccio	45 Beechnut Drive, PO Box 806	Lincoln	NH	03251
	Director Name	Street Address	City	State	Zip
	Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	n/a	$1.00

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, 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.

Marian Marcoccio — 1/28/15
Signature of Authorized Representative — Date

MARIAN MARCOCCIO
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012