

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

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Principal office address 450 Veterans Memoria Business Phone No. 401) 331-8426 Brief description of the chara Conduction medical re LIST ALL OFFICERS (NAM resident Name Russell A. Settipane, Maret Address 450 Veterans Memoria ty East Providence coretary Name Russell A. Settipane, Maret Address	acter of business esearch and les and address and addr	conducted in Rhode Islan studies ESSES) ("X" BOX FOR /	City East Providen 5. State of Incorpor Rhode Island ATTACHMENT) Vice-President Nam Robert J. Setti Street Address 450 Veterans I	ce RI ation	е	w England, Zip	
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ector Name			Director Name	<u>-</u> -			
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HARES AUTHORIZED			10 SHARES ISSUE	("X" BOX FOR AT	TACHMEN	l nv∏laatelaate	
Information is accommanded as			NUMBER OF SHARES	CLASS/SERIES	T	AR VALUE	
s information is currently of record in the Office of the Secretary State. Changes require an additional filling. Section 9 of instruction sheet.		1,029	Common		\$1 value		
s report must be executed on t	behalf of the cou	rporation by an authorized	representative. If the c	orporation is in the	hands of a	receiver or trust	
e Date	ins ισροιι must L	be executed on behalf of t	the corporation by the re Under penalty of pe	ceiver or trustee.			

		the residue by the receiver of flustee.		
File Date		Under penalty of perjury, I declare and affirm that I this report, including any accompanying schedule and that all statements contained herein are true a		
By:	FILED	Signature of Authorized Representative		
FOR SECRETARY OF STATE USE ONLY Form No. 630		Russell A. Settipane		
Form No. 630	MAR 0 9 2015	Print or Type Name of Authorized Representative		
Poulond, 04/0040	^	,		

Revised: 01/2012