



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 **2016**

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. 000163003		2. Exact name of the Corporation NSPIRE HEALTH, INC.			
3. Principal office address 1830 LEFTHAND CIRCLE			City LONGMONT	State CO	Zip 80501
4. Business Phone No. 303-666-5555		5. State of Incorporation COLORADO			
6. Brief description of the character of business conducted in Rhode Island SALES OF MEDICAL DEVICE EQUIPMENTS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name MICHAEL S. SIMS			Vice-President Name		
Street Address 1830 LEFTHAND CIRCLE			Street Address		
City LONGMONT	State CO	Zip 80501	City	State	Zip
Secretary Name			Treasurer Name JOE FRYBERGER - VP OF FINANCE		
Street Address			Street Address 1830 LEFTHAND CIRCLE		
City	State	Zip	City LONGMONT	State CO	Zip 80501
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name MICHAEL S. SIMS			Director Name		
Street Address 1830 LEFTHAND CIRCLE			Street Address		
City LONGMONT	State CO	Zip 80501	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 checked="" 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
			5000000.00	CNP	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, 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

FEB 22 2016

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 **02/17/2016**

JOE FRYBERGER / VP OF FINANCE

Print or Type Name of Authorized Representative

By KL 38666