



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

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 100006		2. Exact name of the Corporation Medical Sound Technologies, Inc.			
3. Principal office address 10 Nate Whipple Highway		City Cumberland	State RI	Zip 02864	
4. Business Phone No. 333-6478		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Purchasing, selling, leasing and distributing both wholesale and retail new and used medical equipment.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Thomas M. Hagan		Vice-President Name Thomas M. Hagan			
Street Address 19 Louise F. Luther Drive 23		Street Address 19 Louise F. Luther Drive 23			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Thomas M. Hagan		Treasurer Name Thomas M. Hagan			
Street Address 19 Louise F. Luther Drive 23		Street Address 19 Louise F. Luther Drive 23			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Thomas M. Hagan		Director Name			
Street Address 19 Louise F. Luther Drive		Street Address			
City Cumberland	State RI	Zip 02864	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	
		100	Common	No Par Value	

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

Form No. 630
Revised: 01/2012

FILED

FEB 22 2016

By KL 6437

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

Thomas M. Hagan, President

Print or Type Name of Authorized Representative

Date

2/14/16