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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.	2. Exact name of the Corporation
101956	MOBILE INSTRUMENT SERVICE & REPAIR INC

3. Principal office address	City	State	Zip
333 WATER AVENUE	BELLEFONTAINE	OH	43311

4. Business Phone No.	5. State of Incorporation
937-592-5025	OHIO

6. Brief description of the character of business conducted in Rhode Island
SHARPEN AND REPAIR HAND HELD SURGICAL INSTRUMENTS, SCOPES AND POWER EQUIPMENT FOR HOSPITALS, DOCTORS, ETC.

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

President Name	Street Address	City	State	Zip
DWIGHT E. REED	9264 HICKORY LANE	HUNTSVILLE	OH	43324

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
CHARLES D. REED	1830 LAKE SHORE DRIVE	COLUMBUS	OH	43204

Treasurer Name	Street Address	City	State	Zip

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

Director Name	Street Address	City	State	Zip
DWIGHT E. REED	9264 HICKORY LANE	HUNTSVILLE	OH	43324
ANNETTE REED	3921 GLENHURST DRIVE	SMYRNA	GA	30080

Director Name	Street Address	City	State	Zip
CHARLES D. REED	1830 LAKE SHORE DRIVE	COLUMBUS	OH	43204

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
420	COMMON	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.

FILED
FEB 25 2016
BY 46472

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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: 02/18/2016

DWIGHT E. REED
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
133063-42-1112870