



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

*Filing Period: January 1 - March 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2016

**1. Corporate ID No.** 000797511

**2. Name of Corporation** American Medical Alert Corp.

**3. Street Address Principal Business Office:**

No. and Street: 36-36 33RD STREET, SUITE 103

City or Town: LONG ISLAND CITY

State: NY Zip: 11106 Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: NY

**6. Brief Description of the Character of Business Conducted in Rhode Island**

TO PROVIDE HEALTHCARE RELATED PRODUCTS AND SOLUTIONS

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CASEY PITTOCK	36-36 33RD STREET, SUITE B100 LONG ISLAND CITY, NY 11106 USA
CEO	CASEY PITTOCK	36-36 33RD STREET, SUITE B100 LONG ISLAND CITY, NY 11106 USA
CFO	KEVIN RADIGAN	36-36 33RD STREET, SUITE B100 LONG ISLAND CITY, NY 11106 USA
DIRECTOR	SHAUN PARKER	36-36 33RD STREET, SUITE B100 LONG ISLAND CITY, NY 11106 USA
DIRECTOR	PAUL STOBART	36-36 33RD STREET, SUITE B100

		LONG ISLAND CITY, NY 11106 USA
DIRECTOR	CASEY PITTOCK	36-36 33RD STREET, SUITE 103 LONG ISLAND CITY, NY 11106 USA

## 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.0010	1,000.00	100

**9. 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.**

**Signed this 2 Day of March, 2016 at 9:57:00 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KEVIN RADIGAN  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations  
All Rights Reserved