



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. 83761		2. Exact name of the Corporation ALPHA SURGICAL, INC.			
3. Principal office address 1894 SMITH STREET			City NORTH PROVIDENCE	State RI	Zip 02911
4. Business Phone No. 401.353.9090			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island SALE AND RENTAL OF MEDICAL EQUIPMENT AND SUPPLIES.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name KENNETH W. CHARETTE JR.			Vice-President Name THERESA CHARETTE		
Street Address 44 RIVER STREET			Street Address 44 RIVER STREET		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
Secretary Name KENNETH W. CHARETTE JR.			Treasurer Name THERESA CHARETTE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name KENNETH W. CHARETTE JR.			Director Name THERESA CHARETTE		
Street Address 44 RIVER STREET			Street Address 44 RIVER STREET		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
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
			1000	NONE	NONE

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

BY **KL1931**

FILED

MAR 21 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.

Kenneth W. Charette Jr. 1/8/16
 Signature of Authorized Representative Date

KENNETH W. CHARETTE JR.
 Print or Type Name of Authorized Representative