



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

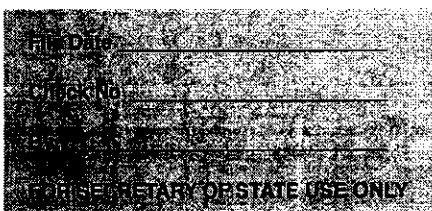
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 000056571		2. Exact name of the Corporation Nittany Management, Inc.			
3. Principal office address 405 Kilvert Street, Suite D			City Warwick	State RI	Zip 02888
4. Business Phone No. 401.461.3780			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island To conduct Paramedical Exams for Insurance Companies					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Theodore J. Moskala, Jr			Vice-President Name Linda J. Moskala		
Street Address 405 Kilvert Street, Suite D			Street Address 405 Kilvert Street, Suite D		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Linda J. Moskala			Treasurer Name Theodore J. Moskala, Jr.		
Street Address 405 Kilvert Street, Suite D			Street Address 405 Kilvert Street		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Theodore J. Moskala, Jr.			Director Name Linda J. Moskala		
Street Address Same as above			Street Address Same as above		
City	State	Zip	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

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.



Form No. 630
Revised: 01/2012

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.

FILED

MAR 21 2016

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A.A.

Signature of Authorized Representative
Theodore J. Moskala, Jr.
Date
Print or Type Name of Authorized Representative