



**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. 000512258

2. Name of Corporation Neighborhood Diabetes, Inc.

3. Street Address Principal Business Office:

No. and Street: 8881 S. US HIGHWAY 1

City or Town: PORT ST. LUCIE

State: FL

Zip: 34952

Country: USA

4. Business Phone No.

7723985800

5. State of Incorporation

State: MA

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

DIABETES EQUIPMENT AND SUPPLIES

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	JONATHAN BLACK	8881 S. US HIGHWAY 1 PORT ST. LUCIE, FL 34952 USA
TREASURER	SCOTT KORTE	8881 S. US HIGHWAY 1 PORT ST. LUCIE, FL 34952 USA
SECRETARY	GILLIAN LEENE	8881 S. US HIGHWAY 1 PORT ST. LUCIE, FL 34952 USA
DIRECTOR	TIMOTHY STOCKSDALE	8881 S. US HIGHWAY 1 PORT ST. LUCIE, FL 34952 USA
DIRECTOR	DAVID WALLACE	8881 S. US HIGHWAY 1

		PORT ST. LUCIE, FL 34952 USA
DIRECTOR	SHAUN MCGRUDER	8881 S. US HIGHWAY 1 PORT ST. LUCIE, FL 34952 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>
CNP		\$0.0000	100,000.00	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 20 Day of April, 2016 at 4:02:08 PM. *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 JONATHAN BLACK
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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