

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 24 WILL BEST

1. Entity ID No.	2. Exact n	name of the Corporation	BY MARCH 31 WILL F	RESULT IN A \$25.00 P	ENALTY FEE.
11934		MEDfx Corporation			
Principal office address					
150 Lavan Street			City Warwick	State RI	Zip 02888
4. Business Phone No. (401) 681-2000			5. State of Incorpo	pration	02008
6. Brief description of the	character of busine	ss conducted in Rhode I	leland		
The development,	marketing, sal	e and servicing of	computer software	e, hardware and rela	ited items
LISTALL OFFICERS					
resident Name		ALGOLO/(FA BOX FI	Vice-President Na	me	
Gerald T. Barry, Jr.			Colin P. Barry		
Street Address 150 Lavan Street			Street Address 150 Lavan Street		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
ecretary Name Gerald T. Barry, Jr.			Treasurer Name Colin P. Barry		
treet Address 150 Lavan Street			Street Address 150 Lavan Str		
ity Warwick	State	Zip	City	State	Zip
LIST ALL DIRECTORS	l	02888	Warwick	RI	02888
iecini Manië	(AND LO AND ADI	MESSES) (X BUX FO	Director Name	terestor our resulting result	
Gerald T. Barry, Jr.			Colin P. Barry		~ 2
treet Address 150 Lavan Street			Street Address		- 3
ty			150 Lavan Stre	eet	考 용유
Varwick	State RI	Zip 02888	City Warwick	State RI	Zip 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
rector Name None			Director Name		
reet Address None			Street Address		
у	State	Zip	City	State	- i DA
опе	None	None	None	None	Zip None
SHARES AUTHORIZED	komender dang de	ermottigratierene Gerija	10. SHARES ISSUE	("X" BOX FOR ATTAC	HMENT)
is information is currently of record in the Office of the Secretary State. Changes require an additional filing. e Section 9 of instruction sheet.			MINUSED OF CHARGO	CLASS/SERIES	PAR VALUE
			200	Common	\$.01
s report must be executed	d on behalf of the co	orporation by an authoriz	zed representative. If the o	corporation is in the hands	of a receiver or trustee
	tnis report must	be executed on behalf of	or the corporation by the h	eceiver or trustee.	
e Date		FII FD	Under penalty of pe	erjury, I declare and affir	m that I have examined chedules and statements
atakketaringan ikupatèn banik balikan	SECOND RELEASE PERSONS		and tohold moldall	is any accompanying so	nequies and statements

1900	er as exception on benan or tin	e corporation by the receiver or trustee.
File Date_		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.
By:	APR 2 5 2016	Signature of Authorized Representative Date
FOR SECRETARY OF STATE USE ONLY	3100-36VI	Gerald T. Barry, Jr.
Form No. 630 Revised: 01/2012	OS	Print or Type Name of Authorized Representative