



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. 11934		2. Exact name of the Corporation MEDfx Corporation			
3. Principal office address 150 Lavan Street		City Warwick		State RI	Zip 02888
4. Business Phone No. (401) 681-2000		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island The development, marketing, sale and servicing of computer software, hardware and related items					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Gerald T. Barry, Jr.			Vice-President Name 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
Secretary Name Gerald T. Barry, Jr.			Treasurer Name 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
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Gerald T. Barry, Jr.			Director Name 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
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
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	
200		Common		\$.01	

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

FILED

APR 25 2016

BY

3706-3667

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.

Signature of Authorized Representative

3/25/16

Date

Gerald T. Barry, Jr.

Print or Type Name of Authorized Representative