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State of Rhode Island and Providence Plantations
Department of State - Business Services Division
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
Filing Fee: $50.00 ***FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation
000927082	HITACHI ALOKA MEDICAL AMERICA, INC

3. Principal Office Address	City	State	Zip
10 FAIRFIELD BLVD	WALLINGFORD	CT	06492

4. Business Phone Number	5. State of Incorporation
203-269-5088	DELAWARE

6. Brief description of the character of business conducted in Rhode Island
SALES & SERVICES OF MEDICAL ULTRASOUND EQUIPMENT

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
DAVID FAMIGLIETTI	RAY KOBA
Street Address: 10 FAIRFIELD BLVD	Street Address: 10 FAIRFIELD BLVD
City: WALLINGFORD, State: CT, Zip: 06492	City: WALLINGFORD, State: CT, Zip: 06492
Secretary Name	**Treasurer Name**
RAY KOBA	RAY KOBA
Street Address: 10 FAIRFIELD BLVD	Street Address: 10 FAIRFIELD BLVD
City: WALLINGFORD, State: CT, Zip: 06492	City: WALLINGFORD, State: CT, Zip: 06492

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
DAVID FAMIGLIETTI	YASUHIKO TANIGUCHI
Street Address: 10 FAIRFIELD BLVD	Street Address: 10 FAIRFIELD BLVD
City: WALLINGFORD, State: CT, Zip: 06492	City: WALLINGFORD, State: CT, Zip: 06492

9. Shares Authorized — 10. Shares Issued — Check box to indicate an attachment ☐

This information is currently of record in the Department of State. Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
3000	COMMON/1000	1000

11. 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.

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.

Name of Authorized Representative	Date
RAY KOBA	5/23/2016

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
JUN 06 2016
BY 394 DS

Form No. 630
Revised: 2016
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