



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 798761		2. Exact name of the Corporation MedMates			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island <i>To galvanize collaboration between health companies hospital, universities</i>			
5. Principal Office Address 24 Corliss Street, #41240		City Providence	State RI	Zip 02904	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name David Goldsmith		Vice-President Name None			
Street Address 184 Burnside Avenue		Street Address			
City Woonsocket	State RI	Zip 02895	City	State	Zip
Secretary Name Margaret D. Farrell, Esquire		Treasurer Name David Syner, CPA, MST, MBA			
Street Address 100 Westminster Street, Suite 1500		Street Address 50 Holden Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02908
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Margaret D. Farrell, Esquire		Director Name David Goldsmith			
Street Address 100 Westminster Street, Suite 1500		Street Address 184 Burnside Avenue			
City Providence	State RI	Zip 02903	City Woonsocket	State RI	Zip 02895
Director Name David Syner, CPA, MST, MBA		Director Name			
Street Address 50 Holden Street		Street Address			
City Providence	State RI	Zip 02904	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Margaret D. Farrell, Esq.				Date July 8, 2016	
Signature of Officer/Authorized Representative <i>Margaret D. Farrell</i> SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 JUL 13 2016
 BY *10*
 FORM 631 - Revised: 05/2016

**NON PROFIT CORPORATION
ANNUAL REPORT FOR THE YEAR 2016**
Additional Information Sheet 1 of 1

MEDMATES

CORPORATE I.D. No: ^{ID} 798761

6. List ALL Officers (names and addresses) (cont.)

<i>Name</i>	<i>Address</i>	<i>Title</i>
Kelly Nevins	24 Corliss Street, #41240 Providence, RI 02904	Executive Director