



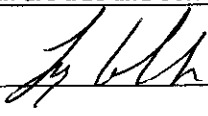
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 AUG 10 PM 1:23

1. Entity ID Number 161235		2. Exact name of the Corporation ATLAS MEDICAL INC.			
3. Principal Office Address 2130 MENDON ROAD, SUITE 3-351		City CUMBERLAND		State RI	Zip 02864
4. Business Phone Number 401-714-5984		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island SALE AND SUPPLY OF HOSPITAL IMPLANTS FOR SPINE SURGERY					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LOGAN R. COLLINS			Vice-President Name JIM HAMILTON		
Street Address 2130 MENDON ROAD, SUITE 3-351			Street Address 29 MANN AVENUE		
City CUMBERLAND	State RI	Zip 02864	City NEWPORT	State RI	Zip 02840
Secretary Name N/A			Treasurer Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LOGAN R. COLLINS			Director Name JIM HAMILTON		
Street Address 2130 MENDON ROAD, SUITE 3-351			Street Address 20 MANN AVENUE		
City CUMBERLAND	State RI	Zip 02864	City NEWPORT	State RI	Zip 02840
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		0			NO PAR
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 LOGAN R. COLLINS				Date 8-10-16	
Signature of Authorized Representative  NOT DOCUMENT HERE					

FILED

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

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