



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Foreign Business Corporation  
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000154646

2. Name of Corporation EZ Way, Inc.

3. Street Address Principal Business Office:

No. and Street: 807 EAST MAIN STREET

PO BOX 89

City or Town: CLARINDA

State: IA

Zip: 51632

Country: USA

4. Business Phone No.

7125425102

5. State of Incorporation

State: IA

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

44-45

6. Brief Description of the Character of Business Conducted in Rhode Island

SALES OF PATIENT LIFE SYSTEMS

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed.**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	MARY LANDHUIS	807 E MAIN CLARINDA, IA 51632 USA

TREASURER	MARTY M. WILLIAMS	807 E MAIN CLARINDA, IA 51632 USA
SECRETARY	MARTY M. WILLIAMS	807 E MAIN CLARINDA, IA 51632 USA
VICE PRESIDENT	FREDERICK V. LISLE	807 E MAIN CLARINDA, IA 51632 USA
DIRECTOR	JOHN C. LISLE	807 E MAIN CLARINDA, IA 51632 USA
DIRECTOR	WILLIAM C. LISLE	807 E MAIN CLARINDA, IA 51632 USA
DIRECTOR	FREDERICK V. LISLE	807 E MAIN CLARINDA, IA 51632 USA

### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.0100	5,000,000.00	0

**9. 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.**

**Signed this 3 Day of February, 2017 at 3:04:45 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MARTY M WILLIAMS  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

© 2007 - 2017 State of Rhode Island and Providence Plantations  
All Rights Reserved