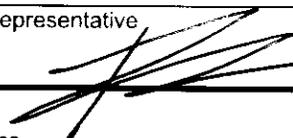




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

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

1. Entity ID Number 147147		2. Exact name of the Corporation ABSOLUTE RESPIRATORY CARE, INC.			
3. Principal Office Address 1665 HARTFORD AVENUE		City JOHNSTON	State RI	Zip 02919	
4. NAICS Code 81 - Other Services (except <input type="checkbox"/>)		6. Brief description of the character of business conducted in Rhode Island TO BUY, SELL, IMPORT, EXPORT, EXCHANGE, LEASE, CONSTRUCT AND GENERALLY DEAL IN ALL TYPES OF MEDICAL EQUIPMENT AND RELATED SUPPLIES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RICHARD A. CLARK			Vice-President Name JAYNE D. MATOIAN		
Street Address 136 INDIAN RUN TRAIL			Street Address 78 BOULEVARD AVENUE		
City SMITHFIELD	State RI	Zip 02917	City LINCOLN	State RI	Zip 02865
Secretary Name JAYNE D. MATOIAN			Treasurer Name RICHARD A. CLARK		
Street Address 78 BOULEVARD AVENUE			Street Address 136 INDIAN RUN TRAIL		
City LINCOLN	State RI	Zip 02865	City SMITHFIELD	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		200	COMMON	NONE	
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. <i>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>					
Name of Authorized Representative RICHARD A. CLARK, PRESIDENT				Date 2/8/17	
Signature of Authorized Representative 				FILED FEB 13 2017	

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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