



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 146004		2. Exact name of the Corporation VaxServe Inc.			
3. Principal Office Address 54 Glenmaura National Blvd., Suite 301		City Moosic		State PA	Zip 18507
4. NAICS Code 44-45 - Retail Trade	6. Brief description of the character of business conducted in Rhode Island Sales of vaccines, medicines and medical supplies.				
5. State of Incorporation Pennsylvania					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒					
President Name Albert Thomas			Vice-President Name Paul Hackworth		
Street Address 54 Glenmaura National Blvd., Suite 301			Street Address 54 Glenmaura National Blvd., Suite 301		
City Moosic	State PA	Zip 18507	City Moosic	State PA	Zip 18507
Secretary Name Thomas Ghignone			Treasurer Name Frank A. Epifano		
Street Address 54 Glenmaura National Blvd., Suite 301			Street Address 54 Glenmaura National Blvd., Suite 301		
City Moosic	State PA	Zip 18507	City Moosic	State PA	Zip 18507
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Albert Thomas			Director Name Frank A. Epifano		
Street Address 54 Glenmaura National Blvd., Suite 301			Street Address 54 Glenmaura National Blvd., Suite 301		
City Moosic	State PA	Zip 18507	City Moosic	State PA	Zip 18507
Director Name Michael Kieler			Director Name		
Street Address 54 Glenmaura National Blvd., Suite 301			Street Address		
City Moosic	State PA	Zip 18507	City	State	Zip
9. Shares Authorized 10. Shares Issued Check the 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
		1000		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. 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 Mary Ellen Monacelli, Assistant Treasurer				Date 2/7/17	
Signature of Authorized Representative <i>Mary Ellen Monacelli</i>					

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

FEB 21 2017

BY **714579 DS**

FORM 630 - Revised: 02/2017

VAXSERVE INC. CORPORATE OFFICERS

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
ALBERT THOMAS	PRESIDENT and GENERAL MANAGER	54 GLENMAURA NATIONAL BLVD, SUITE 301 MOOSIC, PA 18507
FRANK A. EPIFANO	VICE PRESIDENT FINANCE, & TREAS.	54 GLENMAURA NATIONAL BLVD, SUITE 301 MOOSIC, PA 18507
THOMAS GHIGNONE	SECRETARY	54 GLENMAURA NATIONAL BLVD, SUITE 301 MOOSIC, PA 18507
MARY ELLEN MONACELLI	DIRECTOR, TAX & ASST TREASURER	54 GLENMAURA NATIONAL BLVD, SUITE 301 MOOSIC, PA 18507
KEN PAULINO	ASSISTANT TREASURER	54 GLENMAURA NATIONAL BLVD, SUITE 301 MOOSIC, PA 18507
PAUL HACKWORTH	VICE PRESIDENT HEAD OF REGULATORY TRANSPARENCY	54 GLENMAURA NATIONAL BLVD, SUITE 301 MOOSIC, PA 18507
WILLIAM HARRIS	ASSISTANT SECRETARY	54 GLENMAURA NATIONAL BLVD, SUITE 301 MOOSIC, PA 18507
LISA DELUCA	ASSISTANT SECRETARY	54 GLENMAURA NATIONAL BLVD, SUITE 301 MOOSIC, PA 18507

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