



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

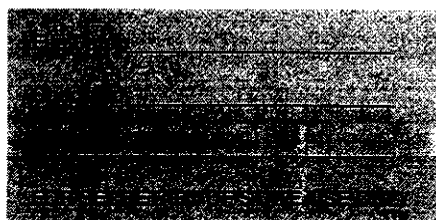
2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000056571		2. Exact name of the Corporation Nittany Management, Inc.								
3. Principal office address 405 Kilvert Street, Suite D		City Warwick	State RI	Zip 02888						
4. Business Phone No. 401.461.3780		5. State of Incorporation RI								
6. Brief description of the character of business conducted in Rhode Island To conduct Paramedical Exams for Insurance Companies										
BOX FOR ATTACHMENT <input type="checkbox"/>										
President Name Theodore J. Moskala, Jr			Vice-President Name Linda J. Moskala							
Street Address 405 Kilvert Street, Suite D			Street Address 405 Kilvert Street, Suite D							
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888					
Secretary Name Linda J. Moskala			Treasurer Name Theodore J. Moskala, Jr.							
Street Address 405 Kilvert Street, Suite D			Street Address 405 Kilvert Street							
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888					
BOX FOR ATTACHMENT <input type="checkbox"/>										
Director Name Theodore J. Moskala, Jr.			Director Name Linda J. Moskala							
Street Address Same as above			Street Address Same as above							
City	State	Zip	City	State	Zip					
Director Name			Director Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
BOX FOR ATTACHMENT <input type="checkbox"/>										
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.										
						NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
						100		Common		No Par

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.



FILED

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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.

Signature of Authorized Representative

Date

Theodore J. Moskala, Jr.

Print or Type Name of Authorized Representative