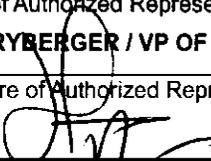




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 000163003		2. Exact name of the Corporation NSPIRE HEALTH, INC.			
3. Principal Office Address 1830 LEFTHAND CIRCLE			City LONGMONT	State CO	Zip 80501
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island SALES OF MEDICAL DEVICE EQUIPMENTS			
5. State of Incorporation COLORADO					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL S. SIMS			Vice-President Name JOE FRYBERGER - VP OF FINANCE		
Street Address 1830 LEFTHAND CIR			Street Address 1830 LEFTHAND CIR		
City LONGMONT	State CO	Zip 80501	City LONGMONT	State CO	Zip 80501
Secretary Name			Treasurer Name		
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 MICHAEL S. SIMS			Director Name		
Street Address 1830 LEFTHAND CIR			Street Address		
City LONGMONT	State CO	Zip 80501	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
		5000000.00		CNP	0.00
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 JOE FRYBERGER / VP OF FINANCE				Date 2/9/2017	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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

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