



**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. <b>83761</b>		2. Exact name of the Corporation <b>ALPHA Surgical Inc,</b>			
3. Principal office address <b>1894 Smith Street</b>			City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
4. Business Phone No. <b>401-353-9090</b>		5. State of Incorporation <b>RI</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Sale and Rental of medical equipment and supplies</b>					
President Name <b>KENNETH W. CHARETTE JR.</b>			Vice-President Name <b>THERESA CHARETTE</b>		
Street Address <b>44 RIVER STREET</b>			Street Address <b>44 RIVER STREET</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02915</b>
Secretary Name <b>KENNETH W. CHARETTE JR.</b>			Treasurer Name <b>THERESA CHARETTE</b>		
Street Address <b>44 RIVER STREET</b>			Street Address <b>44 RIVER STREET</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02915</b>
Director Name <b>KENNETH W. CHARETTE JR.</b>			Director Name <b>THERESA CHARETTE</b>		
Street Address <b>44 RIVER STREET</b>			Street Address <b>44 RIVER STREET</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02915</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED		
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
			1000	none	none

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.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**  
 APR 03 2017

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]* 3/31/17  
 Signature of Authorized Representative Date

**Kenneth W. Charette**  
 Print or Type Name of Authorized Representative

BY 2455