RI SOS Filing Number: 201741553480 Date: 4/21/2017 11:03:00 AM State of Rhode Island and Providence Plantations

Department of	State - Busi	ness Services I	Division			
Annual Report for the	year:	2017 .				
Corporation		,				
Filing period: January 1 - March 1						em Villagere Medica
→ Filing Fee: \$50,00 → Penalty: Additional \$25,0	00 fee if form is	not filed by April 1				
1. Entity ID Number						
870022	4	me of the Corporation		1		
3. Principal Office Address	1000	th Econon	ry lans	siting Inc.		
	- MOCO (	2nd Plan	City PIHSter of business		State	Zip
1501 Prebl.			Tittsk	origh	PA !	三 15233
		cription of the charact	er of business	conducted in Rhode Is	sland	
	E W	nomic Devel	copment	wasalhag		V C
5. State of Incorporation	ual	ESTATE R	Untra 1	unsulting	SULUTI.	)2
		alterns in	2 <u>T</u>			2 300
7. List ALL officers (names and President Name	addresses)		Vice Presiden	Check	the box to indi	cate an attachment
Richard Overmon	Vice-President Name Chelsea Birket w					
Street Address 160 Woodhaven Rd			Street Address			
City City	State	T7in	149 City 2	Homestead !	<del>\</del>	
PHSburgh	PA	15228		MANUC	State	Zip 5218
Secretary Name  Sevome Pay tas	Treasurer Nar			1 2019		
Street Address			Street Address	<u> </u>		
554 East Briar	Street Address					
City Pithbugh	State PA	Zip 15221	City		State	Zip
8. List ALL directors (names and		11700		Chack	the hearts to the	
Director Name		<del></del>	Director Name	Oneck	Tie nox to ludio	cate an attachment
Street Address	Charlada					
	Street Address					
City	State	Zip	City	<u> </u>	State	Zip
Director Name			Dispoton Manua			
	Director Name					
Street Address			Street Address			
City	State	Zip	City		<u> </u>	<u> </u>
	Otate	Zip	City		State	385
9. Shares Authorized		10. Shares Issue		Check t	he box to <del>dn</del> dio	ate an attachment
This information is currently of record in the Department of State.		NUMBER OF S	ARES CLASS/SERIES		FAR VALUE	
Changes require an additional filing.		906		Common		$\circ$
onanges require an adomonal fiffi	19.	<b> </b>		<del></del>		
11. This report must be executed	on behalf of the	corporation by an au	thorized repres	entative, if the corpor	ation is in the t	nands of a receiver or
raside, tills report illast be exect	uted on behalf of	The corporation by th	a racalvar ar fri	ictoo		
Under penalty of perjury, I dec statements, and that all statem	<u>enis contained</u>	herein are true and	i τπις report, in correct.	ciuding any accomp	oanying sche	dules and
Name of Authorized Representat			Date			
			04.11	-2017		
Signature of Authorized Represer			·			•
	(	1 Vinite of	1. 2			
IAIL TO:				FILED		
ivision of Business Services			(			

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

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 2 1 2017

FORM 630 - Revised: 10/2016