RI SOS Filing Number: 201746832760 Date: 6/30/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
798761	**MedMates**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**To galvanize collaboration between health companies, hospitals and universities**

5. Principal Office Address	City	State	Zip
24 Corliss Street, #41240	**Providence**	**RI**	**02904**

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☑

President Name **David Goldsmith**			Vice-President Name **None**		
Street Address **184 Burnside Avenue**			Street Address		
City **Woonsocket**	State **RI**	Zip **02895**	City	State	Zip
Secretary Name **Margaret D. Farrell, Esquire**			Treasurer Name **Alan Osmolowski**		
Street Address **100 Westminster Street, Suite 1500**			Street Address **1 Capital Way**		
City **Providence**	State **RI**	Zip **02903**	City **Cranston**	State **RI**	Zip **02910**

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☑

Director Name **Barrett Bready**			Director Name **Michael Katz**		
Street Address **60 Clifford Street**			Street Address **75 Lower College Road**		
City **Providence**	State **RI**	Zip **02903**	City **Kingston**	State **RI**	Zip **02881**
Director Name **Margaret D. Farrell, Esquire**			Director Name **David Goldsmith**		
Street Address **100 Westminster Street, Suite 1500**			Street Address **184 Burnside Avenue**		
City **Providence**	State **RI**	Zip **02903**	City **Woonsocket**	State **RI**	Zip **02895**

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Margaret D. Farrell, Esq.	**June 29, 2017**

Signature of Officer/Authorized Representative

Margaret D. Farrell SIGN DOCUMENT HERE

FILED

JUN 30 2017

BY 3007359

AA

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 05/2016

NON PROFIT CORPORATION
ANNUAL REPORT FOR THE YEAR 2017
Additional Information Sheet 1 of 1

MEDMATES

CORPORATE I.D. No: 798761

6. List ALL Officers (names and addresses) (*cont.*)

Name	*Address*	*Title*
Carol Malysz	24 Corliss Street, #41240 Providence, RI 02904	Executive Director

7. List ALL Directors (names and addresses) (*cont.*)

Name	*Address*	*Title*
Patrice Milos	60 Clifford Street Providence, RI 02903	Director
Alan Osmoloski	1 Capital Way Cranston, RI 02910	Director
Aiden Petrie	55 Dupont Drive Providence, RI 02907	Director