

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.

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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 a	ddresses)			Check the box to inc	licate 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 MUS	ST list at least THREE direc		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 deci statements, and that all statem				g any accompanying	schedules and	
This report must be signed by either the Pr	resident, Vice-Preside	ent, Secretary, Assista	ant Secretary, Treasurer, duly Autho	orized Representative, Receive	er or Trustee.	
Name of Officer/Authorized Repr	Date					
Margaret D. Farrell, Esq.	June 29, 20	June 29, 2017				
Signature of Officer/Authorized Re Wargurer D. Harr	-	SIGNOC	OUMENT HERE			
	_ + -	-				

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JUN 3 0 2017

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904 15

Phone: (401) 222-3040 Website: www.sos.ri.gov 11359

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 Executive Director Providence, RI 02904

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	