



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.

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2017 SEP 26 PM 12:21

1. Entity ID Number 000126993		2. Exact name of the Corporation Air Liquide Healthcare America Corporation			
3. Principal Office Address 9811 Katy Fwy., Ste 100 - Tax Attn: Alma Mireles		City Houston		State TX	Zip 77024
4. NAICS Code 621999		6. Brief description of the character of business conducted in Rhode Island Health care			
5. State of Incorporation FL					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Pascal Vinet			Director Name John L. Buckley		
Street Address 9811 Katy Fwy, Ste 100 - Tax			Street Address 9811 Katy Fwy, Ste 100 - Tax		
City Houston	State TX	Zip 77024	City Houston	State TX	Zip 77024
Director Name Alain Combier			Director Name		
Street Address 9811 Katy Fwy, Ste 100 - Tax			Street Address		
City Houston	State TX	Zip 77024	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		
			100	CWP	\$5.0000
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 Andrew R. Cichocki					Date 9/22/17
Signature of Authorized Representative <i>Andrew R. Cichocki</i>					FILED 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

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BY AK 313408