



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

1. Corporate ID No. 000506233

2. Name of Corporation Centurion Medical Products Corporation

3. Street Address Principal Business Office:

No. and Street: 3 LAKES DR
City or Town: NORTHFIELD State: IL Zip: 60093 Country: USA

4. Business Phone No.

5175465400

5. State of Incorporation

State: MI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

423990

6. Brief Description of the Character of Business Conducted in Rhode Island

SALES OF DISPOSABLE HOSPITAL SUPPLIES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JAMES PIGOTT	3 LAKES DR NORTHFIELD, IL 60093 USA
TREASURER	JAMES D ABRAMS	3 LAKES DR

		NORTHFIELD, IL 60093 USA
SECRETARY	JAMES D ABRAMS	3 LAKES DR NORTHFIELD, IL 60093 USA
CEO	CHARLES N MILLS	3 LAKES DR NORTHFIELD, IL 60093 USA
ASSISTANT SECRETARY	ALEXANDER M LIBERMAN	3 LAKES DR NORTHFIELD, IL 60093 USA
VICE PRESIDENT	JOHN T BAUER	3 LAKES DR NORTHFIELD, IL 60093 USA
DIRECTOR	CHARLES N MILLS	3 LAKES DR NORTHFIELD, IL 60093 USA
DIRECTOR	ANDREW J MILLS	3 LAKES DR NORTHFIELD, IL 60093 USA
DIRECTOR	JAMES D ABRAMS	3 LAKES DR NORTHFIELD, IL 60093 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK	A	\$0.0000	2,200.00	10
STK	B	\$0.0000	127,800.00	74800

9. 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.

Signed this 2 Day of January, 2018 at 12:49:18 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By ALEXANDER M. LIBERMAN, ASSISTANT SECRETARY

Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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