RI SOS Filing Number: 201858312860 Date: 2/14/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

FILED
FEB 14 2018
BY 107760

1. Entity ID Number	2. Exact name of the Corporation		
000838775	**Diagnostica Stago** Inc.		
3. Principal Office Address	City	State	Zip
5 Century Drive	**Parsippany**	**NJ**	**07054**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
423800	**Sales of medical lab equipment**		
5. State of Incorporation			
Delaware			

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

President Name	Street Address	City	State	Zip
Lionel Viret	**5 Century Drive**	**Parsippany**	**NJ**	**07054**

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
Stephane Zamia	**5 Century Drive**	**Parsippany**	**NJ**	**07054**

Treasurer Name	Street Address	City	State	Zip
Antoine Coulot	**5 Century Drive**	**Parsippany**	**NJ**	**07054**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	1000	**stk**	**no par value**

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	Date
Janine Lee	1-29-2018

Signature of Authorized Representative — 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

FORM 630 - Revised: 10/2017