



**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.** 000509342

**2. Name of Corporation** Impact Health Biometric Testing, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 1009 WEST NINTH AVENUE SUITE A

City or Town: KING OF PRUSSIA

State: PA Zip: 19406 Country: USA

**4. Business Phone No.**

(610)962-9333

**5. State of Incorporation**

State: PA

**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.

621999

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

COMPANY PERFORMS BIOMETRIC SCREENING SERVICES

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

| Title     | Individual Name             | Address   |
|-----------|-----------------------------|---|
|           | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| PRESIDENT | MICHAEL MCENTEE             | 46 WAGNER ROAD<br>WESTERLY, RI 02891 USA        |
| CEO       | JOHN MICHAEL MCNAMARA       | 116 VIA NAPOLI                                  |

|     |                 |   |
|-----|-----------------|---|
|     |                 | NAPLES, FL 34105 USA                        |
| CFO | JAMES GALLAGHER | 581 S. HEILBRON ROAD<br>MEDIA, PA 19063 USA |

**8. Shares Authorized and Issued**

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares<br><i>Number of Shares</i> | Total Issued and Outstanding<br><i>Num of Shares</i> |
|----------------|-----------------|---------------------|--|--|
| CNP            |                 | \$0.0000            | 1,000.00   | 100  |

**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 27 Day of February, 2018 at 5:39:43 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 JAMES M GALLAGHER  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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