State	of Rhode Island and Pro Office of the Secreta						
	Division Of Business Services 148 W. River Street Providence RI 02904-2615						
HOPE	(401) 222-3040						
Foreign Business Corpor Annual Report Filing Period: January 1 - March 1							
In accordance with R.I.G.L. 7-1.2							
annual report within thirty (30) da (c&d)) is subject to a penalty fee		aw (R.I.G.L. 7-1.2-1301					
ANNUAL REPORT YEAR: 201	8						
1. Corporate ID No. 0009	94416						
2. Name of Corporation Aver	nt, Inc.						
3. Street Address Principal Business Office:							
No. and Street: <u>6620 S. MI</u>	EMORIAL PLACE						
City or Town: <u>SUITE 100</u> <u>TUCSON</u>	•	ate: <u>AZ</u> Zip: <u>85756</u> Country: <u>USA</u>					
4. Business Phone No.							
<u>4704485449</u>							
5. State of Incorporation							
State: <u>DE</u>							
	ARTICLE III						
Enter the six digit NAICS Code to the list of codes here. More infor		business conducted by the entity. Download online.					
<u>339113</u>							
6. Brief Description of the Cha	racter of Business Conducte	d in Rhode Island					
MANUFACTURING OF HE	ALTH CARE PRODUCTS						
7. Names and Addresses of th	e Officers and Directors:						
All officers and directors m	All officers and directors must be listed.						
Title	Individual Name	Address					
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country					
PRESIDENT/DIRECTOR	CHRISTOPHER M. LOWERY	6620 S. MEMORIAL PLACE, SUITE 100 TUCSON, AZ 85756 USA					

VP/TREASURER	DAVID CRAWFORD	6620 S. MEMORIAL PLACE, SUITE 100 TUCSTON, AZ 85756 USA	
SECRETARY	JOHN W. WESLEY	6620 S. MEMORIAL PLACE, SUITE 100 TUCSON, AZ 85756 USA	
VP/SECRETARY	S. ROSS MANSBACH	6620 S. MEMORIAL PLACE, SUITE 100 TUCSON, AZ 85756 USA	
SVP/CFO/DIRECTOR	STEVEN E. VOSKUIL	6620 S. MEMORIAL PLACE, SUITE 100 TUCSON, AZ 85756 USA	

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CNP		\$0.0000	1,000.00	200

## 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 1 Day of March, 2018 at 9:36:15 AM.** *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 S. ROSS MANSBACH

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

 $\textcircled{\mbox{\sc only}}$  2007 - 2018 State of Rhode Island and Providence Plantations All Rights Reserved