

# 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. 000506053

2. Name of Corporation Specialized Medical Services, Inc.

3. Street Address Principal Business Office:

No. and Street: 5343 NORTH 118TH COURT

City or Town: MILWAUKEE State: WI Zip: 53225 Country: USA

4. Business Phone No.

4144761112

5. State of Incorporation

State: WI

#### ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.

446199

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

#### DME AND OXYGEN DISTRIBUTION

#### 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 |  |
| TREASURER | DANIEL J HAYNES             | 7779 SUNSTONE DR<br>BRECKSVILLE, OH 44141 USA   |  |
| SECRETARY | GARRETT M MONDA             | 189 SENLAC HILLS DRIVE                          |  |

|          |                   | CHAGRIN FALLS, OH 44022 USA                                |  |
|----------|-------------------|--|--|
| CEO      | STEVEN F MARSHALL | W160 N8211 OLD ORCHARD CT<br>MENOMONEE FALLS, WI 53051 USA |  |
| CFO      | EDWARD LONG       | 7417 CASCADE WAY<br>GURNEE, IL 60030 USA                   |  |
| DIRECTOR | JONATHAN TEMPLE   | 267 GREENOAKS DRIVE<br>ATHERTON, CA 94027 USA              |  |
| DIRECTOR | BRUCE YARWOOD     | 2637 MARCEY RD<br>ARLINGTON, VA 22207 USA                  |  |
| DIRECTOR | DEBRA E GRIFFITH  | 1357 EDINBURGH DR<br>CARMEL, IN 46033 USA                  |  |
| DIRECTOR | DONALD INSUL      | 5188 OLD GALLOWS WAY<br>NAPLES, FL 34105 USA               |  |
| DIRECTOR | DAVID W BECK      | W174 N9419 JOPER RD<br>MENOMONEE FALLS, WI 53051 USA       |  |
| DIRECTOR | WALLACE WEEKS     | 424 EAST CENTRAL BLVD. #183<br>ORLANDO, FL 32801 USA       |  |

#### 8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized<br>Shares<br>Number of Shares | Total Issued<br>and<br>Outstanding<br>Num of<br>Shares |
|----------------|-----------------|---------------------|--|--|
| PWP            | A,B             | \$0.0100            | 1,480.00                                       | 0  |
| CWP            |                 | \$0.0100            | 7,520.00                                       | 1333   |

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 11:36:17 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 GARRETT M. MONDA

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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