



**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. 000146004

2. Name of Corporation VAXSERVE, INC.

3. Street Address Principal Business Office:

No. and Street: 54 GLENMAURA NATIONAL BOULEVARD
SUITE 301

City or Town: MOOSIC

State: PA Zip: 18507 Country: USA

4. Business Phone No.

5709574712

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.

424210

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

DISTRIBUTION OF VACCINES AND MEDICAL 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	ALBERT THOMAS	54 GLENMAURA NATIONAL BLVD SUITE 301 MOOSIC, PA 18507 USA

SECRETARY	THOMAS GHIGNONE	54 GLENMAURA NATIONAL BLVD SUITE 301 MOOSIC, PA 18507 USA
TREASURER	FRANK A. EPIFANO	3711 KENNETH PIKE, SUITE 200 GREENVILLE, DE 19807 USA
DIRECTOR	ALBERT THOMAS	54 GLENMAURA NATIONAL BLVD SUITE 301 MOOSIC, PA 18507 USA
DIRECTOR	FRANK A. EPIFANO	3711 KENNETH PIKE, SUITE 200 GREENVILLE, DE 19807 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>
CNP		\$0.0000	1,000.00	1000

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 4:21:22 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 THOMAS GHIGNONE
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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