



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 **STAMP**
 MAR 02 2018
 BY 2840

1. Entity ID Number 83761		2. Exact name of the Corporation ALPHA Surgical Inc,			
3. Principal Office Address 1894 Smith Street			City North Providence	State RI	Zip 02911
4. NAICS Code 532283		6. Brief description of the character of business conducted in Rhode Island Sale and Rental of medical equipment and supplies			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KENNETH W. CHARETTE JR.			Vice-President Name THERESA CHARETTE		
Street Address 44 RIVER STREET			Street Address 44 RIVER STREET		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
Secretary Name KENNETH W. CHARETTE JR.			Treasurer Name THERESA CHARETTE		
Street Address 44 RIVER STREET			Street Address 44 RIVER STREET		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KENNETH W. CHARETTE JR.			Director Name THERESA CHARETTE		
Street Address 44 RIVER STREET			Street Address 44 RIVER STREET		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 1000	CLASS/SERIES NONE	PAR VALUE NONE
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 KENNETH W. CHARETTE JR				Date 2/28/2018	
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