RI SOS Filing Number: 201860251380
State of Rhode Island and Providence Plantations

## Date: 3/12/2018 4:00:00 PM

## **Department of State - Business Services Division**

Annual Report for the year: 2018 Corporation

STAGE

$\rightarrow$	Filing	period:	Januar	<i>v</i> 1	- March	1
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→ Filing Fee: \$50.00

→ Penalty: Additional \$25										
1. Entity ID Number 88854		2. Exact name of the Corporation  MED TECH, INC.								
3. Principal Office Address		<u>.</u>	City	-	State	Zip				
290 Armistice Boulevard	Pawtucke	t	RI	02861						
4. NAICS Code	6. Brief desc	ription of the chara	cter of business	conducted in Rhode	I Island					
621910	To provide ambulance services.									
5. State of Incorporation										
Rhode Island										
7. List ALL officers (names an	d addresses)	<del></del>		Chec	k the box to in	ndicate an attachment				
President Name Gary R. Reis	Vice-President Name  Gary R. Reis									
Street Address 86 Naushon Re	Street Address 86 Naushon Road									
City Pawtucket	State RI	Z <sup>IP</sup> 02861		City Pawtucket		<sup>Zip</sup> 02861				
Secretary Name Gary R. Reis			ame Gary R. Reis	State RI						
Street Address	<del> </del>									
86 Naushon Road			Street Address 86 Naushon Road  City Pawticket State Pl Zip 0.3864							
City Pawtucket	State RI	<sup>Zip</sup> 02861	City Pawtu	City Pawtucket		<sup>Zip</sup> 02861				
8. List ALL directors (names a	nd addresses)		- · · · · · · · · · · · · · · · · · · ·	Chec	k the box to in	ndicate an attachment				
Director Name Gary R. Reis	Director Name None									
Street Address 86 Naushon Ro		Street Address								
City Pawtucket	State RI	Zip 02861	City		State	Zıp				
Director Name			Director Name None							
Street Address		Street Address								
	_		Glieet Address							
City	State	Zip	City	_	State	Zip				
9. Shares Authorized		10. Shares Iss	<u> </u>	Check	the box to in	dicate an attachment				
This information is currently of	record in the	NUMBER O	F SHARES	CLASS/SERI		PAR VALUE				
Department of State.		100		Common		No Par Value				
Changes require an additional f	iling.	···		<del> </del> -		<u> </u>				
11. This report must be execut	led on behalf of the	corporation by an	authorized repre	I esentative. If the corp	oration is in th	ne hands of a receiver or				
<u>trustee, this report must be ex</u>	<u>ecuted on behalf of</u>	the corporation by	the receiver or	trustee.						
Under penalty of perjury, I d statements, and that all stat	eclare and affirm ( ements contained	that I have examin herein are true ar	ed this report, id correct.	including any acco	mpanying sc	hedules and				
Name of Authorized Represen	itative			-	Date	<del>-</del>				
Gary R. Reis	1		2-	28-18						
Signature of Authorized Repre	sentative	SIGNIDO	CHMENT GED		<u> </u>					
	<u></u>		CUMENT HER	LED						

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 1 2 2018

FORM 630 - Revised: 10/2017