



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

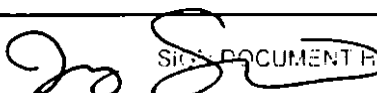

Annual Report for the year: **2018**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

S 100.02

1. Entity ID Number 001667918		2. Exact name of the Corporation MedScope America Corporation			
3. Principal Office Address 222 W. Lancaster Avenue			City Paoli	State PA	Zip 19301
4. NAICS Code 423450		6. Brief description of the character of business conducted in Rhode Island PROVIDES HOME AND COMMUNITY BASED SERVICES FOR THE LONG TERM CARE POPULATION IN THE STATE OF RI.			
5. State of Incorporation Pennsylvania					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gregory Smith			Vice-President Name Jerry Smith		
Street Address 222 W. Lancaster Avenue			Street Address 222 W. Lancaster Avenue		
City Paoli	State PA	Zip 19301	City Paoli	State PA	Zip 19301
Secretary Name Amanda Fridirici			Treasurer Name None		
Street Address 222 W. Lancaster Avenue			Street Address		
City Paoli	State PA	Zip 19301	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jerry Smith			Director Name None		
Street Address 222 W. Lancaster Avenue			Street Address		
City Paoli	State PA	Zip 19301	City	State	Zip
Director Name None			Director Name None		
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/STRIKES Common	PAR VALUE No Par Value
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 Jerry Smith				Date 5/23/18	
Signature of Authorized Representative 				FILED 	

MAY 29 2018