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.

1. Entity ID Number	2. Exact name of the Corporation
001667918	**MedScope America Corporation**

3. Principal Office Address	City	State	Zip
222 W. Lancaster Avenue	**Paoli**	**PA**	**19301**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
423450	**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 ☐

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 ☐

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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	1000	**Common**	**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	Date
Jerry Smith	**5/23/18**

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED

MAY 29 2018

BY 2973

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov