

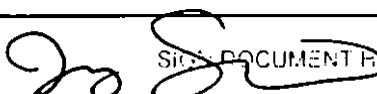


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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

5/23/18

- 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 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 ☐					
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					
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 ☐			
		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 

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAY 29 2018

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