



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.

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 BUS SVCS DIV
 2018 NOV 23 AM 11:50

1. Entity ID Number 1006312		2. Exact name of the Corporation Diagnostic Equipment Service Corporation												
3. Principal Office Address 124 Main street			City Belchertown	State MA	Zip 01007									
4. NAICS Code 541990		6. Brief description of the character of business conducted in Rhode Island Repair and Maintenance of Medical Equipment												
5. State of Incorporation MA														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Andrea Bordenca			Vice-President Name N/A											
Street Address 9 Sarah Lane			Street Address											
City Belchertown	State MA	Zip 01007	City	State	Zip									
Secretary Name Andrea Bordenca			Treasurer Name Andrea Bordenca											
Street Address 9 Sarah Lane			Street Address 9 Sarah Lane											
City Belchertown	State MA	Zip 01007	City Belchertown	State MA	Zip 01007									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Andrea Bordenca			Director Name											
Street Address 9 Sarah Lane			Street Address											
City Belchertown	State MA	Zip 01007	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>9,000</td> <td>Common/non-voting</td> <td>No par value</td> </tr> <tr> <td>1,000</td> <td>Common/voting</td> <td>No par value</td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	9,000	Common/non-voting	No par value	1,000	Common/voting	No par value
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		9,000	Common/non-voting	No par value										
1,000	Common/voting	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 Sandra Glatzle				Date 11/19/18										
Signature of Authorized Representative <i>Sandra Glatzle</i>				<div style="text-align: center;"> FILED NOV 23 2018 BY <i>CH H#SRC</i> </div>										