



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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2018 NOV 23 AM 11:50
 STAMP

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.				NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
				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>							SIGN DOCUMENT HERE		

FILED *m*

NOV 23 2018

BY *CN H#SRC*

11:52