



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2017**  
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  
 STAFF

1. Entity ID Number 1006312		2. Exact name of the Corporation Diagnostic Equipment Service Corporation			
3. Principal Office Address 124 Main street			City Norfolk	State MA	Zip 02056
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Eileen C. Cecca			Vice-President Name N/A		
Street Address 21 Garry Drive			Street Address		
City Medfield	State MA	Zip 02052	City	State	Zip
Secretary Name Eileen C. Cecca			Treasurer Name Eileen C. Cecca		
Street Address 21 Garry Drive			Street Address 21 Garry Drive		
City Medfield	State MA	Zip 02052	City Medfield	State MA	Zip 02052
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		9,000		Common/non-voting	
		1,000		Common/voting	
				PAR VALUE	
				No 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 Sandra Glatzle				Date 11/19/18	
Signature of Authorized Representative <i>Sandra Glatzle</i>				SIGN DOCUMENT HERE	

FILED

NOV 23 2018

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BY CN HHSRC