



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2019

**1. Corporate ID No.** 001667652

**2. Name of Corporation** LAERDAL MEDICAL CORPORATION

**3. Street Address Principal Business Office:**

No. and Street: 167 MYERS CORNERS ROAD

City or Town: WAPPINGERS FALLS

State: NY

Zip: 12590

Country: USA

**4. Business Phone No.**

8452977770

**5. State of Incorporation**

State: NY

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

423450

**6. Brief Description of the Character of Business Conducted in Rhode Island**

SALES OF MEDICAL AND MEDICAL TRAINING EQUIPMENT

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	DAVID JOHNSON	167 MYERS CORNERS ROAD WAPPINGERS FALLS, NY 12590 USA
SECRETARY	PATRICIA GOODWIN	167 MYERS CORNERS RD

		WAPPINGERS FALLS, NY 12590 USA
VICE PRESIDENT	JOSEPH PAHLOW	167 MYERS CORNERS RD WAPPINGERS FALLS, NY 12590 USA
DIRECTOR	EGIL MATHISEN	TANKE SVILANDS GT 30 STAVANGER, NOR
DIRECTOR	TOR BRYNE	TANE SVILANDS GATE 30 STAVANGER, NOR
DIRECTOR	ALF CHRISTIAN DYBDAHL	TANKE SVILANDS GATE 30 STAVANGER, NOR

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$0.0000	200.00	200

**9. 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.**

**Signed this 3 Day of January, 2019 at 3:37:40 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By PATRICIA GOODWIN  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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