



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 718		2. Name of Corporation ALLIED HEALTH SERVICES, INC.			
3. Street Address Principal Business Office 721 RESERVOIR AVENUE			City CRANSTON	State RI	Zip 02910
4. Business Phone No. 401-946-4250		5. State of Incorporation RHODE ISLAND		6. SIC Code 9886	
7. Brief Description of the Character of Business Conducted in Rhode Island DELIVERY OF ALLIED HEALTH PRODUCTS AND SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name HENRY SISUN			Vice President Name NONE		
Street Address 721 RESERVOIR AVENUE			Street Address		
City CRANSTON	State RI	Zip 02910	City	State	Zip
Secretary Name HENRY SISUN			Treasurer Name HENRY SISUN		
Street Address 721 RESERVOIR AVENUE			Street Address 721 RESERVOIR AVENUE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM NO PAR VALUE			NONE		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date 2.4.05  
Check No. 1231  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [Signature] Date 1/27/05  
HENRY SISUN  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 718		2. Name of Corporation ALLIED HEALTH SERVICES, INC.			
3. Street Address Principal Business Office 721 RESERVOIR AVENUE			City CRANSTON	State RI	Zip 02910
4. Business Phone No. 401-946-4250		5. State of Incorporation RHODE ISLAND			6. SIC Code 9886
7. Brief Description of the Character of Business Conducted in Rhode Island DELIVERY OF ALLIED HEALTH PRODUCTS AND SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name HENRY SISUN			Vice President Name NONE		
Street Address 721 RESERVOIR AVENUE			Street Address		
City CRANSTON	State RI	Zip 02910	City	State	Zip
Secretary Name HENRY SISUN			Treasurer Name HENRY SISUN		
Street Address 721 RESERVOIR AVENUE			Street Address 721 RESERVOIR AVENUE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM NO PAR VALUE			NONE		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 1 8 \*

File Date: 3/17/04  
Check No.: 1181  
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: [Signature] Date: 3/27/04  
HENRY SISUN  
President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **718** 2. Name of Corporation **ALLIED HEALTH SERVICES, INC.**

3. Street Address Principal Business Office **721 RESERVOIR AVENUE** City **CRANSTON** State **RI** Zip **02910**

4. Business Phone No. **401-946-4250** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9886**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**TO PROVIDE MEDICAL SUPPLIES RELATED TO REHABILITATIVE SERVICES**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>HENRY SISUN</b>	Vice President Name <b>NONE</b>
Street Address <b>721 RESERVOIR AVENUE</b>	Street Address
City <b>CRANSTON</b> State <b>RI</b> Zip <b>02910</b>	City State Zip

Secretary Name <b>HENRY SISUN</b>	Treasurer Name <b>HENRY SISUN</b>
Street Address <b>721 RESERVOIR AVENUE</b>	Street Address <b>721 RESERVOIR AVENUE</b>
City <b>CRANSTON</b> State <b>RI</b> Zip <b>02910</b>	City <b>CRANSTON</b> State <b>RI</b> Zip <b>02910</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>NONE</b>	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>100 COMM NO PAR VALUE</b>		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 1 8 \*

File Date: 2/14/03

Check No.: 1139

By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: [Signature] Date: 2/10/03

Print or Type Name of Officer: HENRY SISUN

Title of Officer: President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **718** 2. Name of Corporation **ALLIED HEALTH SERVICES, INC.**  
3. Street Address Principal Business Office **721 Reservoir Avenue** City **Cranston** State **RI** Zip **02910**  
4. Business Phone No. **401-946-4250** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9886**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Delivery of Allied Health Products and Services**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Henry Sisun</b>	Vice President Name <b>N/A</b>
Street Address <b>8 Manning Way</b>	Street Address
City <b>Sharon</b> State <b>MA</b> Zip <b>02067</b>	City State Zip
Secretary Name <b>N/A</b>	Treasurer Name <b>N/A</b>
Street Address	Street Address
City State Zip	City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>N/A</b>	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**100 COMM NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**NONE**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 1 8 \*

File Date: 2-11-02  
1063  
Check No.: \_\_\_\_\_  
By: [Signature]

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.

Signature of Officer [Signature] Date 1/24/2002  
**Henry Sisun**  
President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **718** 2. Name of Corporation **ALLIED HEALTH SERVICES, INC.**  
3. Street Address Principal Business Office **721 Reservoir Avenue** City **Cranston** State **R.I.** Zip **02910**  
4. Business Phone No. **401-9464250** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9886**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Delivery of Allied Health Products and services**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Henry Sisun</b>	Vice President Name <b>N/A</b>
Street Address <b>8 Manning Way</b>	Street Address
City <b>Sharon</b> State <b>MA</b> Zip <b>02067</b>	City State Zip
Secretary Name <b>N/A</b>	Treasurer Name <b>N/A</b>
Street Address	Street Address
City State Zip	City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>N/A</b>	Director Name <b>N/A</b>
Street Address	Street Address
City State Zip	City State Zip
Director Name <b>N/A</b>	Director Name <b>N/A</b>
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**100 COMM NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**NONE** **0**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 1 8 \*

File Date: 2/9/01

Check No.: 1019

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: [Signature] Date: 1/23/01

Print or Type Name of Officer: HENRY SISUN

Title of Officer: PRESIDENT

**STATE OF RHODE ISLAND - PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

**Names and Addresses of Officers (continued)**

**Officer's Name: Donald J. Iverson Office: Vice President**

**Street Address: 800 'F' Street  
Anchorage, Alaska 99501**



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **718** 2. Name of Corporation **ALLIED HEALTH SERVICES, INC.**  
3. Street Address Principal Business Office **721 Reservoir Avenue** City **Cranston** State **R.I.** Zip **02910**  
4. Business Phone No. **(401) 946-4250** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9886**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Distributor of physical therapy products**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Henry Sisun</b>	Vice President Name <b>N/A</b>
Street Address <b>721 Reservoir Avenue</b>	Street Address
City <b>Cranston</b> State <b>R.I.</b> Zip <b>02910</b>	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Henry Sisun</b>	Director Name
Street Address <b>721 Reservoir Avenue</b>	Street Address
City <b>Cranston</b> State <b>R.I.</b> Zip <b>02910</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>100 COMM NO PAR VALUE</b>		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>A</b>	<b>\$5,000.00</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 1 8 \*

File Date: 1/31/00  
Check No.: 8189  
By: [Signature]

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.

Signature of Officer: [Signature] Date: 1/10/2000  
Print or Type Name of Officer: Henry Sisun  
Title of Officer: PRESIDENT



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **718** 2. Name of Corporation **Allied Health Services, Inc.**  
3. Street Address Principal Business Office **721 Reservoir Avenue** City **Cranston** State **R.I.** Zip **02910**  
4. Business Phone No. **(401) 942-4250** 5. State of Incorporation **Rhode Island** 6. SIC Code **9886**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Distributor of physical therapy supplies**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name <b>Henry Sisun</b> Street Address <b>721 Reservoir Avenue</b> City <b>Cranston</b> State <b>R.I.</b> Zip <b>02910</b>	Vice President Name <b>N/A</b> Street Address  City _____ State _____ Zip _____
Secretary Name <b>Donna Mehaffey</b> Street Address <b>721 Reservoir Avenue</b> City <b>Cranston</b> State <b>R.I.</b> Zip <b>02910</b>	Treasurer Name  Street Address  City _____ State _____ Zip _____

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name <b>Henry Sisun</b> Street Address <b>721 Reservoir Avenue</b> City <b>Cranston</b> State <b>R.I.</b> Zip <b>02910</b>	Director Name  Street Address  City _____ State _____ Zip _____
Director Name  Street Address  City _____ State _____ Zip _____	Director Name  Street Address  City _____ State _____ Zip _____

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
100 shares no par common		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
100	A	\$5,000.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 7-23-99  
Check No: 1579  
By: AMF

Signature of Officer: [Signature] Date: 7/5/99  
Print or Type Name of Officer: HENRY SISUN  
Title of Officer: PRESIDENT



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **718** 2. Name of Corporation **ALLIED HEALTH SERVICES, INC.**  
3. Street Address Principal Business Office **721 RESERVOIR AVENUE** City **CRANSTON** State **RI** Zip **02910**  
4. Business Phone No. **401-942-4250** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9886**

7. Brief Description of the Character of Business Conducted in Rhode Island:  
**DISTRIBUTOR OF PHYSICAL THERAPY SUPPLIES**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name <b>HENRY SISUN</b>	Vice President Name <b>N/A</b>
Street Address <b>721 RESERVOIR AVENUE</b>	Street Address
City <b>CRANSTON</b> State <b>RI</b> Zip <b>02910</b>	City State Zip
Secretary Name <b>DONNA MEHAFFEY</b>	Treasurer Name
Street Address <b>721 RESERVOIR AVENUE</b>	Street Address
City <b>CRANSTON</b> State <b>RI</b> Zip <b>02910</b>	City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name <b>N/A</b>	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**100 SHS NO PAR COM**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 A \$5,000.00**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 1-30-98  
Check No.: 1500  
By: [Signature]

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.  
Signature of Officer: [Signature] Date: 1/28/98  
Print or Type Name of Officer: **HENRY SISUN**  
Title of Officer: **PRESIDENT**



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 718 2. Name of Corporation Allied Health Services, Inc.  
3. Street Address Principal Business Office 721 Reservoir Avenue City Cranston State RI Zip 02910  
4. Business Phone No. 401-946-4250 5. State of Incorporation Rhode Island 6. SIC Code 9886

7. Brief Description of the Character of Business Conducted in Rhode Island  
Distributor of physical therapy supplies

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name	Henry Sisun	Vice President Name	n/a
Street Address	721 Reservoir Avenue	Street Address	
City	Cranston	City	
State	RI	State	
Zip	02910	Zip	

Secretary Name	Donna Mehaffey	Treasurer Name	n/a
Street Address	721 Reservoir Avenue	Street Address	
City	Cranston	City	
State	RI	State	
Zip	02910	Zip	

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name	n/a	Director Name	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	

Director Name		Director Name	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	

10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS	NO PAR COM		100	A	\$5,000.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 4/22/97  
Check No.: 1463  
By: [Signature]

Signature of Officer: Henry Sisun Date: 4/21/97  
President

Print or Type Name of Officer

Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 718 2. NAME OF CORPORATION ALLIED HEALTH SERVICES, INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 721 Reservoir Ave CITY Cranston STATE RI ZIP CODE 02910

4. BUSINESS PHONE NO. 401-946-4250 5. STATE OF INCORPORATION RHODE ISLAND SIC CODE 9886

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
Distributor of physical therapy supplies

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Mr. H. Sisun VICE PRESIDENT NAME \_\_\_\_\_

STREET ADDRESS 721 Reservoir Ave STREET ADDRESS \_\_\_\_\_

CITY Cranston STATE RI ZIP CODE 02910 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SECRETARY NAME Anna Spitzerek TREASURER NAME \_\_\_\_\_

STREET ADDRESS 721 Reservoir Ave STREET ADDRESS \_\_\_\_\_

CITY Cranston STATE RI ZIP CODE 02910 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME \_\_\_\_\_ DIRECTOR NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DIRECTOR NAME \_\_\_\_\_ DIRECTOR NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
100 SHS	NO PAR COM		100	A	\$5,000

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date:

7/3/96

Check No:

1428

By:

[Signature]

Signature of Officer

[Signature]

Print or Type Name of Officer

Mr. H. Sisun

Title of Officer

President

Date

6-4-96

For Secretary of State Use Only



**ANNUAL REPORT**

Please Type or Print  
 File Annually - Jan. 1 - March 1  
 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0000718 Annual Report for the year: 1995

Name of Corporation: ALLIED HEALTH SERVICES, INC.

Business entity organized under the laws of the State of: R.I.  
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )  
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
721 Reservoir Ave.  
Cranston, R.I. 02910  
 Phone: (401) 946-4250

Brief statement of the character of business conducted in Rhode Island:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**THE NAMES OF THE OFFICERS ARE:**

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>Mr. Henry Sisun, M.S.D.T</u>	<u>721 Reservoir Ave,</u>	<u>Cranston, R.I.</u>	<u>02910</u>
VICE PRESIDENT			
SECRETARY			
TREASURER			

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series

Date September 6, 19 95  
 By: [Signature]  
 PRINT OR TYPE NAME OF OFFICER SIGNING  
 TITLE OF OFFICER SIGNING

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

HENRY SISUN  
 ALLIED HEALTH SERVICES, INC.  
 721 RESERVOIR AVENUE  
 CRANSTON RI 02910

PAID  
 1010347  
 SEP 6 8 1995  
 SECY OF STATE

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

File Annually  
LLC: Sept. 1 - Nov. 1  
CORP: Jan. 1 - March 1

Corporate ID: 0000718 Annual Report for the year: 1994

Name of Business Entity: ALLIED HEALTH SERVICES, INC.

Business entity organized under the laws of the State of \_\_\_\_\_

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:  
\_\_\_\_\_  
\_\_\_\_\_

Phone: (401) 946-4250

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Allied Health Services, Inc.  
721 Reservoir Ave.  
Cranston RI 02910

Phone: (401) 946-4250

Business Entity is (check one).

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed

Henry Sisun, President  
Allied Health Svc. Inc.  
721 Reservoir Ave.  
Cranston, RI 02910

Brief statement of the character of business conducted in Rhode Island

Supplier of Durable Medical Equipment

Date of Organization: 11/9/82 nem

Date of Qualification to do business in Rhode Island (if foreign entity): \_\_\_\_\_

THE NAMES OF THE OFFICERS ARE:

<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Henry Sisun</u>	<u>721 Reservoir Ave.</u>	<u>Cranston</u>	<u>RI 02910</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Henry Sisun</u>	<u>the same</u>		
<input checked="" type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 100 shares

CLASS

SERIES

PAR VALUE OR WITHOUT PAR

No par

Date

July 29 19 94

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER

CLASS

SERIES

PAR VALUE OR WITHOUT PAR

By

[Signature]  
PRINT OR TYPE NAME OF OFFICER SIGNING  
TITLE OF OFFICER SIGNING

President

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

Ad  
CR1 2826

HENRY SISUN  
721 RESERVOIR AVENUE/ALLIED HEALTH  
CRANSTON RI 02910

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

1169715  
**State of Rhode Island and Providence Plantations**

877-3040

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0000718

Annual Report for the year 1993

FIRST: The name of the corporation is ALLIED HEALTH SERVICES, INC

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 721 Reservoir Ave,  
Cranston, RI 02920

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Henry Sison</u>	<u>Director</u>	<u>8 Manningway, Sharon MA</u>
<u>"</u>	<u>Director</u>	<u>"</u>
<u>"</u>	<u>Director</u>	<u>"</u>
<u>"</u>	<u>President</u>	<u>"</u>
<u>"</u>	<u>Vice President</u>	<u>"</u>
<u>"</u>	<u>Secretary</u>	<u>"</u>
<u>"</u>	<u>Treasurer</u>	<u>"</u>

SEVENTH: Number of Shares authorized:

Par Value or statement that shares are without par value

No. of Shares	Class	Series
<u>100</u>	<u>NO PAR VAL.</u>	<u>COMMON STOCK</u>

EIGHTH: Number of Shares issued:

Par Value or statement that shares are without par value

No. of Shares	Class	Series
<u>27</u>	<u>"</u>	<u>"</u>

Dated 2/28 1993

Allied Health Services, Inc.  
(Name of Corporation)

By [Signature] Henry Sison  
Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0000718 Annual Report for the year 1992

FIRST: The name of the corporation is ALLIED HEALTH SERVICES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is medical equipment distributor

FOURTH: If foreign corporation, address of its principal office 1140 Reservoir Dr. Cranston, RI 02920

FIFTH: Business address in Rhode Island 1140 Reservoir Dr. Cranston, RI 02920

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Henry S. ...</u>	Director	<u>24 Progress St. Pawtucket, RI</u>
	Director	
	Director	
<u>✓</u>	President	<u>"</u>
<u>✗</u>	Vice President	
<u>"</u>	Secretary	<u>"</u>
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated 1/6 1992

Allied Health Services, Inc.  
(Name of Corporation)  
By [Signature]  
Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0000718 *PC* Annual Report for the year 1991

FIRST: The name of the corporation is ALLIED HEALTH SERVICES, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is PROVIDING HEALTH CARE SERVICES AND SUPPLIES  
AND ANY OTHER LAWFUL BUSINESS

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 1140 RESERVOIR AVENUE CRANSTON RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>HENRY SISUN</u>	<u>Director</u>	<u>24 PROGRESS STREET, PAWTUCKET, RI</u>
	<u>Director</u>	
	<u>Director</u>	
<u>HENRY SISUN</u>	<u>President</u>	
<u>HENRY SISUN</u>	<u>Vice President</u>	
<u>JACQUELINE R. SISUN</u>	<u>Secretary</u>	
<u>HENRY SISUN</u>	<u>Treasurer</u>	

SEVENTH: Number of Shares authorized: Par Value or statement that shares are without par value

No. of Shares 100 Class no par common to both Series

EIGHTH: Number of Shares issued: Par Value or statement that shares are without par value

No. of Shares 100 Class

**PAID**  
MAR 05 1991  
SECY OF STATE

Dated JANUARY 22 1991

ALLIED HEALTH SERVICES, INC.  
(Name of Corporation)

By [Signature]  
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

CZ

Corporate ID 0000718 Annual Report for the year 1990

FIRST: The name of the corporation is ALLIED HEALTH SERVICES, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is MEDICAL SALES - REHABILITATION EQUIPMENT

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1140 RESERVOIR AVENUE, CRANSTON, R.I.

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>HENRY SISUN</u>	<u>Director</u>	<u>24 Progress Street, Pawtucket, RI</u>
	<u>Director</u>	
	<u>Director</u>	
<u>HENRY SISUN</u>	<u>President</u>	
<u>HENRY SISUN</u>	<u>Vice President</u>	
<u>JACQUELIN R. SISUN</u>	<u>Secretary</u>	
<u>HENRY SISUN</u>	<u>Treasurer</u>	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>no par, common to both</u>		

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>			

AT

Dated JANUARY 25 19 90

ALLIED HEALTH SERVICES, INC.  
(Name of Corporation)

By [Signature]

Title [Signature]

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 718

Annual Report for the year 1989 *RMP*

FIRST: The name of the corporation is ALLIED HEALTH SERVICES, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is PROVIDING HEALTH CARE SERVICES AND  
SUPPLIES AND ANY OTHER LAWFUL BUSINESS

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 1150 Reservoir Avenue Suite 205

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>HENRY SISUN</u>	<u>Director</u>	<u>24 Progress Street, Pawtucket, RI</u>
	<u>Director</u>	
	<u>Director</u>	
<u>HENRY SISUN</u>	<u>President</u>	
<u>HENRY SISUN</u>	<u>Vice President</u>	
<u>JACQUELINE R. SISUN</u>	<u>Secretary</u>	
<u>HENRY SISUN</u>	<u>Treasurer</u>	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series
<u>100</u>	<u>no par common</u>	<u>both</u>

Par Value  
or statement that  
shares are without  
par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series
<u>100</u>		

Par Value  
or statement that  
shares are without  
par value

Dated May 18 19 89

ALLIED HEALTH SERVICES, INC.  
(Name of Corporation)

By *[Signature]*

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

*copy*

Corporate ID 718 Annual Report for the year 1988

FIRST: The name of the corporation is ALLIED HEALTH SERVICES, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is PROVIDING HEALTH CARE SERVICES AND  
SUPPLIES AND ANY OTHER LAWFUL BUSINESS

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 1150 Reservoir Avenue Suite 205

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>HENRY SISUN</u>	<u>Director</u>	<u>24 Progress Street, Pawtucket, RI</u>
	<u>Director</u>	
	<u>Director</u>	
<u>HENRY SISUN</u>	<u>President</u>	
<u>HENRY SISUN</u>	<u>Vice President</u>	
<u>JACQUELINE R. SISUN</u>	<u>Secretary</u>	
<u>HENRY SISUN</u>	<u>Treasurer</u>	

SEVENTH: Number of Shares authorized:

No. of Shares 100 Class no par common to both Series

Par Value  
or statement that  
shares are without  
par value

EIGHTH: Number of Shares issued:

No. of Shares 100 Class Series

Par Value  
or statement that  
shares are without  
par value

Dated May 18 19 89

ALLIED HEALTH SERVICES, INC.  
(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 718 Annual Report for the year 1987

FIRST: The name of the corporation is ALLIED HEALTH SERVICES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Providing health care supplies and services, and any other lawful business.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 24 Progress Street, Pawtucket, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Henry Sisun	Director	24 Progress Street, Pawtucket, RI
	Director	
	Director	
Henry Sisun	President	24 Progress Street, Pawtucket, RI
	Vice President	
Jacqueline Sisun	Secretary	24 Progress Street, Pawtucket, RI
Henry Sisun	Treasurer	24 Progress Street, Pawtucket, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	no par common		

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

PAID  
MAY 03 1987  
REC'D. OF STATE

Dated February 6, 19 87

ALLIED HEALTH SERVICES, INC.  
(Name of Corporation)

By Henry Sisun

Title President and Treasurer

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 718 Annual Report for the year 1986 ✓

FIRST: The name of the corporation is ALLIED HEALTH SERVICES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is providing health care services and supplies, and any other lawful business

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 381 Angell Street, Prov., R.I. 02906  
~~146 Westminster Street, Providence, Rhode Island 02903~~

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Henry Sisun	Director	24 Progress Street, Pawtucket, R.I.
	Director	
	Director	
Henry Sisun	President	24 Progress Street, Pawtucket, R.I.
	Vice President	
Jacqueline Sisun	Secretary	24 Progress Street, Pawtucket, R.I.
Henry Sisun	Treasurer	24 Progress Street, Pawtucket, R.I.

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	no par common		

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	no par common		

02/13/86 PAID

Dated January 31, 19 86 ALLIED HEALTH SERVICES, INC.  
(Name of Corporation)

FEB 13 1986

*Henry Sisun*  
Henry Sisun  
President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 718 Annual Report for the year 1985

FIRST: The name of the corporation is ALLIED HEALTH SERVICES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is providing health care services and supplies, and any other lawful business

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

146 Westminster Street, Suite 300, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Henry Sisun</u>	<u>Director</u>	<u>24 Progress Street, Pawtucket, RI</u>
	<u>Director</u>	
	<u>Director</u>	
<u>Henry Sisun</u>	<u>President</u>	<u>See above</u>
	<u>Vice President</u>	
<u>Jacqueline Sisun</u>	<u>Secretary</u>	<u>See above</u>
<u>Henry Sisun</u>	<u>Treasurer</u>	<u>See above</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>No par common</u>		

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>No par common</u>	<u>VF</u>	

RECEIVED MAR 1985

Dated February 12, 1985

ALLIED HEALTH SERVICES, INC.  
(Name of Corporation)

By Henry Sisun

Title President

(Report must be signed by an officer)

7

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1984

FIRST: The name of the corporation is ALLIED HEALTH SERVICES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is providing health care services and supplies, and any other lawful business

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island  
146 Westminster Street, Suite 300, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Henry Sisun	Director	24 Progress Street, Pawtucket, RI
	Director	
	Director	
Henry Sisun	President	See above
	Vice President	
Jacqueline Sisun	Secretary	See above
Henry Sisun	Treasurer	See above

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	No par common		

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	No par common		

Dated: February 27 1984

ALLIED HEALTH SERVICES, INC.  
(Name of Corporation)

By [Signature]  
Title President

(Report must be signed by an officer)

APR 17 1984 [Signature]

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

10000

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1983

FIRST: The name of the corporation is

ALLIED HEALTH SERVICES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Providing health care services and supplies, and any other lawful business.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 146 Westminster Street, Suite 300, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Henry Sisun	Director	24 Progress Street, Pawtucket, RI
	Director	
	Director	
Henry Sisun	President	See above
	Vice President	
Jacqueline Sisun	Secretary	See above
Henry Sisun	Treasurer	See above

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	No par common		

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	No par common		

Dated: March 19 1983

APR 11 1983

ALLIED HEALTH SERVICES, INC.  
(Name of Corporation)

4010414  
15009

Henry Sisun  
Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040