RI SOS Filing Number: 201987438660 Date: 2/21/2019 4:00:00 PM

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State of Rhode Island and Providence Plantations **Department of State - Business Services Division** Annual Report for the year: 2019 Corporation

- → Filing period: January 1 March 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by April 1.

Entity ID Number	2. Exact name	2. Exact name of the Corporation							
000025017	LUNG DI	SEA	ASES AND RE	SPIRAT	ORY CARE		 .	,	
3. Principal Office Address				City	_		State	Zip	
175 NATE WHI	PPLE HWY. S	UII	E_101	CUMBE			RI	02864	
4. NAICS Code	6. Brief descrip	tion o	f the character of bus	iness conduc	cted in Rhode Island	l			
621111									
State of Incorporation									
RI	MEDICAL	. SE	ERVICES						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment				
President Name				Vice-Preside	ent Name				
	Tilak 1	ζ	Verma						
Street Address_		11	(21, 2.1	Street Addre	ess				
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City Cum who	d State	Zip	52B64	CN)	<u> </u>	State		Zip 	
Secretary Name				Treasurer Name					
Street Address				Street Address					
_						Chata	— т	Zip	
City	State	Zıp	•	City		State		Zip	
						ack the h	ov to indi	cate an attachment	
8. List ALL directors (nam	es and addresses)			Disposa Ma		CCK (IIG DI	UX TO ITION	Sero en encommon.	
Director Name				Director Na	me				
<u> </u>				Street Addr	229	-			
Street Address				Street Addi					
	ty State Z		<u> </u>	City		State		Zip	
City	State	["	•	[]					
Director Name				Director Name					
Director Harrie									
Street Address				Street Address					
5550						- ,		T_:	
City	State	Zı	p	City		State		Zip	
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9. Shares Authorized 10. Shares Iss			10. Shares Issued	DAD VALUE					
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Department of State.			400		COMMON		_		
Changes require an add	litional filing.			'aaad aa aa aa a	stative If the second	ation is in	the hand	ts of a receiver or	
11. This report must be ex	recuted on behalf of t	he cor	poration by an author	izea represe	inative, ii the corpor	ativit is ili	and name		
trustee, this report must to Under penalty of per	e executed on behalf	of the	corporation by the ri	inod this s	enort including :	any acco	mpanv	ing schedules and	
Under penalty of per	ury, i declare and	arrirr 1: 1	n uidt i nave exan od horoin aro trus	and correc	cport, mentaling (d.	,		<u> </u>	
statements, and that		W	1 Indiana and mind	and conec	····	-	Date 1	. 1	
Name of Authorized Rep	ieseurariva ()	, w					Date /	5/2019	
Signature of Authorized I	Representative	7			-				
TILAK VERMA	TOPICSCHULIFE							<u> </u>	
TITHUM APININ				-	THEN				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 2 1 2019

FORM 630 - Revised: 10/2017