



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

FILED

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

MAR 04 2019

1. Entity ID Number 100006		2. Exact name of the Corporation Medical Sound Technologies, Inc.		BY <u>6498 LD</u>	
3. Principal Office Address 10 Nate Whipple Highway			City Cumberland	State RI	Zip 02864
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Purchasing, selling, leasing and distributing both wholesale and retail new and used medical equipment.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas M. Hagan			Vice-President Name Thomas M. Hagan		
Street Address 23 Louise F. Luther Drive			Street Address 23 Louise F. Luther Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Thomas M. Hagan			Treasurer Name Thomas M. Hagan		
Street Address 23 Louise F. Luther Drive			Street Address 23 Louise F. Luther Drive		
City Cumberland	State RI	Zip 02864	City Cumbeland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Thomas M. Hagan			Director Name		
Street Address 23 Louise F. Luther Drive			Street Address		
City Cumberland	State RI	Zip 02864	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		
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 Thomas M. Hagan, President					Date 2/20/19
Signature of Authorized Representative <i>Thomas M. Hagan</i>					SIGN DOCUMENT HERE