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State of Rhode Island and Providence Plantations



Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV
2019 MAR 25 PM 12:41

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.

1. Entry ID Number 000489510		2. Exact name of the Corporation GENDEX CORP.			
3. Principal Office Address 901 W. OAKTON STREET			City DES PLAINES	State RI.	Zip 60018
4. NAICS Code 339114		6. Brief description of the character of business conducted in Rhode Island MANUFACTURING			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name			Vice-President Name ROBERT S. LUTZ		
Street Address 2200 PENNSYLVANIA AVENUE NW, STE. 800W			Street Address 2200 PENNSYLVANIA AVENUE NW, STE 800W		
City WASHINGTON	State DC	Zip 20037	City WASHINGTON	State DC	Zip 20037
Secretary Name JAMES F. O'REILLY			Treasurer Name FRANK T. MCFADEN		
Street Address 2200 PENNSYLVANIA AVENUE NW, STE 800W			Street Address 2200 PENNSYLVANIA AVENUE NW, STE 800W		
City WASHINGTON	State DC	Zip 20037	City WASHINGTON	State DC	Zip 20037
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROBERT S. LUTZ			Director Name FRANK T. MCFADEN		
Street Address 2200 PENNSYLVANIA AVENUE NW, STE 800W			Street Address 2200 PENNSYLVANIA AVENUE NW, STE 800W		
City WASHINGTON	State DC	Zip 20037	City WASHINGTON	State DC	Zip 20037
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	
		3,000.00		CWP	
				PAR VALUE 50.0100	
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 Frank T. McFaden				Date March 22, 2019	
Signature of Authorized Representative <i>Frank T. McFaden</i>			SIGN DOCUMENT HERE: <i>[Signature]</i>		

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAR 25 2019 12:43

BY RJAVJ