



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV

2019 OCT 21 AM 10:52

Annual Report for the year: 2018
 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. Entity ID Number <u>000161235</u>		2. Exact name of the Corporation <u>Atlas Medical, Inc.</u>			
3. Principal Office Address <u>2130 Mendon Rd. Suite 3-351</u>		City <u>Cumberland</u>		State <u>RI</u>	Zip <u>02864</u>
4. NAICS Code <u>423450</u>		6. Brief description of the character of business conducted in Rhode Island <u>Sale and Supply of hospital Implants for spine surgery</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Logan Collins</u>			Vice-President Name <u>N/A</u>		
Street Address <u>2130 Mendon Rd. Suite 3-351</u>			Street Address		
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	City	State	Zip
Secretary Name <u>N/A</u>			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>N/A</u>			Director Name <u>N/A</u>		
Street Address			Street Address		
City	State	Zip	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
			<u>100</u>		<u>\$.01</u>
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 <u>Logan Collins</u>				Date <u>10-21-19</u>	
Signature of Authorized Representative <u>[Signature]</u>					

FILED

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

OCT 21 2019
 BY [Signature] NW NDF

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