



RI SOS Filing Number: 202032687190 Date: 1/16/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

**FILED**

JAN 15 2020

BY

213

2020

1. Entity ID Number <b>001338806</b>		2. Exact name of the Corporation <b>Medical Tourism Training Inc.</b>	
3. Principal Office Address <b>270 Bellevue Avenue #392</b>		City <b>Newport</b>	State <b>RI</b>
4. NAICS Code <b>611430</b>		Zip <b>02840</b>	
5. State of Incorporation <b>MA</b>		6. Brief description of the character of business conducted in Rhode Island <b>Training, consulting, and assessing services for governments, healthcare providers, clusters, associations, facilitators, hospitality, and other services related to wellness, health, and medical travel.</b>	
7. List ALL officers (names and addresses)			
President Name <b>Elizabeth Ziemba</b>		Vice-President Name <b>None</b>	
Street Address <b>270 Bellevue Avenue #392</b>		Street Address	
City <b>Newport</b>	State <b>RI</b>	City	State
Zip <b>02840</b>		Zip	
Secretary Name <b>Elizabeth Ziemba</b>		Treasurer Name <b>Elizabeth Ziemba</b>	
Street Address <b>270 Bellevue Avenue #392</b>		Street Address <b>270 Bellevue Avenue #392</b>	
City <b>Newport</b>	State <b>RI</b>	City <b>Newport</b>	State <b>RI</b>
Zip <b>02840</b>		Zip <b>02840</b>	
8. List ALL directors (names and addresses)			
Director Name <b>Elizabeth Ziemba</b>		Check the box to indicate an attachment <input type="checkbox"/>	
Street Address <b>270 Bellevue Avenue #392</b>		Street Address	
City <b>Newport</b>	State <b>RI</b>	City	State
Zip <b>02840</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized			
This information is currently of record in the Department of State.			
Changes require an additional filing.			
10. Shares Issued			
NUMBER OF SHARES <b>20,000</b>		Check the box to indicate an attachment <input type="checkbox"/>	
CLASS/SERIES		PAR VALUE	
		<b>No par</b>	
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 <b>Elizabeth Ziemba</b>		Date <b>01/06/2020</b>	
Signature of Authorized Representative <i>Elizabeth Ziemba</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