



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

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LOA

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

MAIL TO:
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