RI SOS Filing Number: 202033698230 Date: 2/3/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation

2020

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

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-11	PARTITION OF THE PROPERTY.	_
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1. Entity ID Number	2. Exact name of	the Corporation							
000001225	AQVI	DNECK	(POD	JATRY	LT	<i>D</i> .			
3. Principal Office Address		4	City		State	Zip			
55 MEMORIA						1 02840			
4. NAICS Code	6. Brief descriptio	on of the character	of business cor	nducted in Rhode Isla	and .	11 IACR			
621391	OFFIC	CE OF	PODI	STRICY	2, 12 /3 (MENICAL			
5. State of Incorporation R. I.	CAR	-	F 001	AND AN	KHO	E MEDICAL!			
7. List ALL officers (names and add	resses)				e box to ir	ndicate an attachment 🔲			
President Name BRIAN W.	Vice-President Name 13 A 1 A W. CONNELL								
Street Address 55 MEM OK	Street Address	MEMOR	IR.	BLUD					
City NEWPORT	State R. I.	02840	WEV	VPORT	State R	I 102840			
Secretary Name BRIAN W	CORNE	Ш	Treasurer Name	IAN W.	COA	eNELL			
Street Address									
City NEW PORT	State RI	21p028410	City NEN	I PORT	State R 1	Zip 02840			
8. List ALL directors (names and ad	dresses)			Check th	e box to ir	ndicate an attachment 🗖			
Director Name BRIAN W.	CORNE	ELL	Director Name		•				
Street Address 55 MEM UN		_	Street Address						
City NEWPORT	State RI	Zip 02840	City	··	State	Zip			
Director Name			Director Name	7-8-					
Street Address	·	Street Address		·					
City	State	Zip	City		State	Zip			
9. Shares Authorized		10. Shares Issued	1	Check th	e hay to in	dicate an attachment			
This information is currently of record	In the	NUMBER OF SH		CLASS/SERIES		PAR VALUE			
Department of State.		100		-		NO PAR VALUE			
Changes require an additional filing. 1,000 COMM NU				·					
11. This report must be executed on	behalf of the com	oration by an auth	iorized represer	stative. If the corpora	tion is in tl	he hands of a receiver or			
trustee, this report must be executed Under namely of parties, I declare	on behalf of the	corporation by the	receiver or trus	tee,	anulan si	this state is a med			
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 Date									
BRIAN N	1. COKI	VELL.			1 -	30-2020			
BRIAN W. CORNELL. Signature of Authorized Representative Duin W. Cornel Children FIERE									

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov