

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: Corporation

-> 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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	BY_8200	
-13 ? - 43 8	MAN CHINON	

1. Entity ID Number	2. Exact name of							
000001225	AQVI	DNECK	C POI	DIATRY	LT.	<i>D</i> .		
Principal Office Address			City		State	Zip		
55 MEMORIA	<u> </u>				,	I 02840		
4. NAICS Code	6. Brief description	on of the character	of business co	onducted in Rhade Isla	and	11 1A 1R		
6a1391	OFFI	CE OF	PODI	BTRIC	2 12 /3	TWENTER		
5. State of Incorporation	PRUV	IDING	F001	AND AN	1243	MEDICAL		
N. L.	CAR	£						
7. List ALL officers (names and addresses)  Check the box to indicate an attachment   President Name  Vice-President Name								
BRIAN W.	Vice-President Name  BRIAN W. CORNELL							
Street Address 55 MEM ORIAL BOULEVARD Street Address MEMORIAL BLVD								
City NEWPORT	State R. I.	02840	City NE	WPORT	State R	I 2ip 02840		
Secretary Name  BRIAN W. CORNELL Treasurer Name  Treasurer Name  W. CORNELL								
Street Address 55 MEMORIAE BOVLE VARO Street Address MEMORIAE BOVLEVARD								
City NEW PORT			City NEV	VPORT	State R 7	- Zip 02840		
8. List ALL directors (names and ad	dresses)	<u> </u>	·	Check th	e box to in	dicate an attachment		
Director Name BRIAN W. CONNELL Director Name								
Street Address 55 MEMONIAL BOULEVAND Street Address								
City NEWPORT		Zip 02840	City		State	Zip		
Director Name		1	Director Name					
Street Address .	<del></del>	Street Address						
City	State	Zip	City		State	Zip		
O. Charge Authorized		46.60						
Shares Authorized     This information is currently of record	d in the	10. Shares Issued NUMBER OF SH		Check th	e box to in	dicate an attachment  PAR VALUE		
Department of State.	5 III (III)	100		OD-OB-OB-NICO		NO PAR VALUE		
Changes require an additional filing.		100				PU PAK VALUE		
Changes require an additional filing.	) PAK VALUA							
11. This report must be executed on			orized represe	entative. If the corpora	tion is in th	e hands of a receiver or		
trustee, this report must be executed	d on behalf of the	corporation by the	receiver or trus	stee.				
Under penalty of perjury, I declar statements, and that all statements.	e and affirm that :	I have examined t	this report, inc	cluding any accomp	anying sc	hedules and		
Statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date								
BRIAN W. CORNELL						1-30-2020		
Signature of Authorized Representative  Built Worker RERE								
2/2 - 1/	1. Consen.	/:// lxicul	VENT ACRE					

MAIL TO:

Division of Business Services

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

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