



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. Corporate ID No. 000111627

2. Name of Corporation GE Healthcare IITS USA Corp

3. Street Address Principal Business Office:

No. and Street: 40 IDX DRIVE

City or Town: SOUTH BURLINGTON

State: VT

Zip: 05403-7771

Country: USA

4. Business Phone No.

5. State of Incorporation

State: VT

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541511

6. Brief Description of the Character of Business Conducted in Rhode Island

HEALTH CARE INFORMATION SYSTEMS, PRODUCTS AND SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KEVIN DONOHUE	3000 N. GRANDVIEW BLVD. WAUKESHA, WI 53188 USA
TREASURER	AURELIO MURA	500 WEST MONROE ST.

		CHICAGO, IL 60661 USA
CEO	KEVIN DONOHUE	3000 N. GRANDVIEW BLVD. WAUKESHA, WI 53188 USA
CFO	AURELIO MURA	500 WEST MONROE ST. CHICAGO, IL 60661 USA
VICE PRESIDENT	STEPHEN KANOVSKY	100 RESULTS WAY MARLBOROUGH, MA 01752 USA
VICE PRESIDENT	VICTORIA VRON	901 MAIN AVE., THE TOWERS NORWALK, CT 06851 USA
ASSISTANT SECRETARY	KIRSTEN M MAX	191 ROSA PARKS ST. CINCINNATI, OH 45202 USA
DIRECTOR	AURELIO MURA	500 WEST MONROE ST. CHICAGO, IL 60661 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	1,000.00	100

9. 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.

Signed this 19 Day of February, 2020 at 3:15:25 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KIRSTEN M MAX
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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