



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.

1. Entity ID Number 85026		2. Exact name of the Corporation RB Medical Services INC.			
3. Principal Office Address 12 Floral Avenue		City North Kingstown		State RI	Zip 02852
4. NAICS Code 811310		6. Brief description of the character of business conducted in Rhode Island Equipment Repair			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Salvatore N. Spagnoli			Vice-President Name		
Street Address 12 Floral Avenue			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Salvatore N. Spagnoli			Treasurer Name Salvatore N. Spagnoli		
Street Address 12 Floral Avenue			Street Address 12 Floral Avenue		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PWR VALUE
		100		Common	100
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. <i>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.</i>					
Name of Authorized Representative Salvatore Spagnoli					Date
Signature of Authorized Representative					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615

FILED
 MAY 18 2020 AA
 BY V8C2A