



**State of Rhode Island  
Office of the Secretary of State**

No Fee

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

**Foreign Business Corp  
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 001704956

**2. Name of Corporation** Health Care Technology, Incorporated

**3. Street Address Principal Business Office:**

No. and Street: 200 BUTTERFIELD DRIVE

City or Town: ASHLAND,

State: MA

Zip: 01721

Country: USA

**5. State of Incorporation**

State: MA

**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.

423450

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

MEDICAL DEVICE DISTRIBUTION

**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	ADAM BENSON	200 BUTTERFIELD DRIVE ASHLAND, MA 01721 USA
TREASURER	ASHLEY SUTTON	200 BUTTERFIELD DRIVE ASHLAND, MA 01721 USA
SECRETARY	ASHLEY SUTTON	200 BUTTERFIELD DRIVE ASHLAND,, MA 01721 USA
DIRECTOR	STEPHEN SUTTON	200 BUTTERFIELD DRIVE ASHLAND,, MA 01721 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>
STK		\$0.0000	200,000.00	0

**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 26 Day of January, 2021 at 3:42:03 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 RILEY PARK  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

© 2007 - 2021 State of Rhode Island  
All Rights Reserved



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

January 26, 2021 03:41 PM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

