



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

FEB 10 2021 *W*

BY 8713

Annual Report for the year: 2021
 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 56571		2. Exact name of the Corporation Nittany Management, Inc.			
3. Principal Office Address 405 Kilvert Street, Suite D			City Warwick	State RI	Zip 02888
4. NAICS Code 631399		6. Brief description of the character of business conducted in Rhode Island Conduct Paramedical Exams for Insurance Companies			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Theodore J. Moskala, Jr.			Vice-President Name Linda J. Moskala		
Street Address 405 Kilvert Street, Suite D			Street Address 405 Kilvert Street, Suite D		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Linda J. Moskala			Treasurer Name Theodore J. Moskala, Jr.		
Street Address 405 Kilvert Street, Suite D			Street Address 405 Kilvert Street, Suite D		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Theodore J. Moskala, Jr.			Director Name Linda J. Moskala		
Street Address 405 Kilvert Street, Suite D			Street Address 405 Kilvert Street, Suite D		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
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
			100		Common
					No Par
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.					
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 Theodore J. Moskala, Jr.				Date 1/29/2021	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov