RI SOS Filing Number: 202195468030 Date: 4/2/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS DIV
2021 APR -2 PM 12: 48

1 Entity ID Number	2 Exact name of the Corporation		
001694711	MediArt, INCORPORATED		
3 Principal Office Address	City	State	Zip
100 MARLBOROUGH STREET	EAST GREENWICH	RI	02819
4 NAICS Code	6 Brief description of the character of business conducted in Rhode Island		
423450	MEDICAL EQUIPMENT AND ART SALES		
5 State of Incorporation			
RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
EDWARD MARCHAND					
Street Address			Street Address		
100 MARLBOROUGH STREET					
City	State	Zip	City	State	Zip
EAST GREENWICH	RI	02818			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
EDWARD MARCHAND					
Street Address			Street Address		
100 MARLBOROUGH STREET					
City	State	Zip	City	State	Zip
EAST GREENWICH	RI	02818			
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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	COMMON	0

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	Date
ROBERT J ELDRIDGE	MARCH 31, 2021

Signature of Authorized Representative

R Eldridge

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

FORM 630 - Revised 08/2020

FILED
APR 02 2021
BY Cu T/9A1
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