



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 718		2 Exact name of the Corporation Allied Health Services, INC			
3 Principal Office Address 721 Reservoir Avenue			City Cranston	State Ri	Zip 02910
4 NAICS Code 42350		5 Brief description of the character of business conducted in Rhode Island Delivery of Allied Health Products and Services			
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 Henry Sisun			Vice-President Name		
Street Address 721 Reservoir Ave			Street Address		
City Cranston	State Ri	Zip 02910	City	State	Zip
Secretary Name Henry Sisun			Treasurer Name Henry Sisun		
Street Address 721 Reservoir Ave			Street Address 721 Reservoir Ave		
City Cranston	State Ri	Zip 02910	City Cranston	State Ri	Zip 02910
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		PAR VALUE	
		100		000	
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 Henry Sisun				Date 9/21/2021	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street Providence Rhode Island 02904-2615
Phone: (401) 272-3040
Website: www.sos.ri.gov

NOV 30 2021
QDP5J 12:16