State of Rhode Island Fee: \$50.00					
Office of the Secretary of State					
Division Of Business Services					
148 W. River Street Providence RI 02904-2615					
1636 (401) 222-3040					
Foreign Business Corporation					
Annual Report Filing Period: February 1 - May 1					
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.					
ANNUAL REPORT YEAR: 2023					
1. Corporate ID No. 001667652					
2. Name of Corporation LAERDAL MEDICAL CORPORATION					
3. Street Address Principal Business Office:					
No. and Street: <u>167 MYERS CORNERS RD</u>					
$\frac{\text{SUITE 201}}{\text{WAPPINGERS FALLS}}$					
City or Town: WAPPINGERS FALLS State: NY Zip: 12590 Country: USA					
4. Business Phone No.					
<u>8451966724</u>					
5. State of Incorporation					
State: <u>NY</u>					
ARTICLE III					
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.					
<u>423450</u>					
6. Brief Description of the Character of Business Conducted in Rhode Island					
SALES OF MEDICAL AND MEDICAL TRAINING EQUIPMENT					
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	NEIL WEBER	167 MYERS CORNERS RD WAPPINGERS FALLS, NY 12590 USA	
SECRETARY	PATRICIA GOODWIN	167 MYERS CORNERS RD WAPPINGERS FALLS, NY 12590 USA	
SECRETARY	PATRICIA GOODWIN	167 MYERS CORNERS RD, SUITE 201 WAPPINGERS FALLS, NY 12590 USA	
VICE PRESIDENT	ROSIE PATTERSON	226 FM 116 GATESVILLE, TX 76528 USA	
DIRECTOR	EGIL MATHISEN	TANKE SVILANDS GT 30 STAVANGER, NOR	
DIRECTOR	TOR BRYNE	TANE SVILANDS GATE 30 STAVANGER, NOR	
DIRECTOR	ALF CHRISTIAN DYBDAHL	TANKE SVILANDS GATE 30 STAVANGER, NOR	

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per		Total Issued and
		Share	Total Authorized	Outstanding
			Shares	Num of
			Number of Shares	Shares
STK		\$0.0000	200.00	200

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 1 Day of February, 2023 at 2:03:25 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 PATRICIA GOODWIN

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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