



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

**Fee: \$50.00**

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

**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.** 000074651

**2. Name of Corporation** NEW ENGLAND MEDICAL DESIGN, INC.

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

No. and Street: 1 VIRGINIA AVENUE  
SUITE 202

City or Town: PROVIDENCE State: RI Zip: 02905 Country: USA

**4. Business Phone No.**

4014353532

**5. State of Incorporation**

State: RI

**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.

541310

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

ARCHITECTURAL AND INTERIOR DESIGN

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	MEHDI KHOSROVANI	19 MASSASOIT DRIVE SEEKONK, MA 02771 USA
SECRETARY	MEHDI KHOSROVANI	19 MASSASOIT DRIVE SEEKONK, MA 02771 USA
CFO	ROSEMARY KHOSROVANI	19 MASSASOIT DRIVE SEEKONK, MA 02771 USA
PRESIDENT	MEHDI KHOSROVANI	19 MASSASOIT DRIVE SEEKONK, MA 02771 USA
DIRECTOR	JOANNE OCONNELL	474 ACADEMY AVE PROVIDENCE, RI 02908 USA
DIRECTOR	SEAN GREENE	32 BAYBERRY ROAD KINGSTON, RI 02881 USA
DIRECTOR	ANDREW ELLIS	31 LIBERTY STREET WARREN, RI 02885 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>
CNP		\$0.0000	2,000.00	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 March, 2023 at 1:56:11 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 ROSEMARY KHOSROVANI, CFO

Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07