

State of Rhode Island
 Department of State - Business Services Division

Annual Report for the year: 2023
 Corporation

- > Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31

FILED
MAR 16 2023
 BY 431 OS

1 Entity ID Number 000822041		2 Exact name of the Corporation EIM MEDICAL, INC			
3 Principal Office Address 373 CHESTNUT HILL RD.			City WAKEFIELD	State RI	Zip 02879
4 NAICS Code 425120		5 Brief description of the character of business conducted in Rhode Island MEDICAL EQUIPMENT			
5 State of Incorporation RI					
7 List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name JOHN MOORE			Vice-President Name		
Street Address 373 CHESTNUT HILL RD.			Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State	Zip
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 <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 1000	CLASS/SERIES	PAR VALUE .01	
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 <i>John W. Moore</i>				Date 3-15-2023	
Signature of Authorized Representative JOHN MOORE					

MAIL TO:
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