

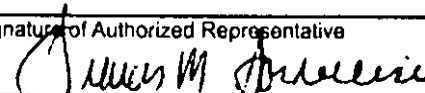
State of Rhode Island
Department of State - Business Services Division

RECEIVED
 DEPT. OF STATE
 BUSINESS SERVICES

2023 MAR 24 A 11:29

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.

1. Entity ID Number 82936		2. Exact name of the Corporation Cosmed Group, Inc.			
3. Principal Office Address 28 Narragansett Avenue		City Jamestown		State RI	Zip 02835
4. NAICS Code 551114		6. Brief description of the character of business conducted in Rhode Island Corporate office - Accounting			
5. State of Incorporation Maryland					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Michael L. Howe, Ph.D.		Executive Vice President - Finance Frances M. Sordellini			
Street Address 28 Narragansett Avenue		Street Address 28 Narragansett Avenue			
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Secretary Name Frances M. Sordellini		Treasurer Name Frances M. Sordellini			
Street Address 28 Narragansett Avenue		Street Address 28 Narragansett Avenue			
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Michael L. Howe, Ph.D.		Director Name			
Street Address 28 Narragansett Avenue		Street Address			
City Jamestown	State RI	Zip 02835	City	State	Zip
Director Name Frances M. Sordellini		Director Name			
Street Address 28 Narragansett Avenue		Street Address			
City Jamestown	State RI	Zip 02835	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	CLASS/SERIES	PAR VALUE	
		30,000	Common	\$1.00 par value	
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 Frances M. Sordellini, Executive Vice President - Finance				Date March 17, 2023	
Signature of Authorized Representative 					

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

FILED

MAR 24 2023
 BY ML 2418448