



State of Rhode Island  
Department of State - Business Services Division

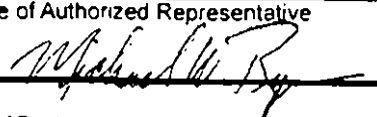
Annual Report for the year: 2024

Corporation

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

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 NOV -6 P 12:04

1. Entity ID Number <b>001660628</b>		2. Exact name of the Corporation <b>Ryan Clinical Services, Inc</b>												
3. Principal Office Address <b>207 High Point Ave, Suite 7A</b>			City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>									
4. NAICS Code <b>811310</b>		6. Brief description of the character of business conducted in Rhode Island <b>repair major hospital medical equipment</b>												
5. State of Incorporation <b>RI</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Michael Ryan</b>			Vice-President Name											
Street Address <b>207 High Point Ave 7A</b>			Street Address											
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>STK</td> <td>1.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	STK	1.00			
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100	STK	1.00												
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. <b>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.</b>														
Name of Authorized Representative <b>Michael Ryan</b>				Date <b>9/22/2023</b>										
Signature of Authorized Representative 				<b>FILED</b>										

NOV 06 2023

12:06pm

BY LKS WSX ZV