State of Rhode Island
Department of State - Business Services Division

JAN 23 2024
5062

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.

1. Entity ID Number	2. Exact name of the Corporation			
1750497	MEDUS INC			
3. Principal Office Address		City	State	Zip
4555 LAKE FOREST DR. #540		BLUE ASH	OH	45242
4. NAICS Code 561320	6. Brief description of the character of business conducted in Rhode Island			
[redacted]	NURSE STAFFING			
5. State of Incorporation				
OHIO				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Charles M. Riley					
Street Address			Street Address		
5544 Bellereeve Ct					
City	State	Zip	City	State	Zip
Liberty Twp	Ohio	45011			
Secretary Name			Treasurer Name		
			Eric M. Goedde		
Street Address			Street Address		
			9479 Farm Court LN.		
City	State	Zip	City	State	Zip
			Loveland	OH	45140

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Charles M. Riley			Eric M. Goedde		
Street Address			Street Address		
5544 Bellereeve Ct.			9479 Farm Court LN		
City	State	Zip	City	State	Zip
Liberty Twp	OH	45011	Loveland	OH	45140
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9 Shares Authorized 100 — 10. Shares Issued 100 — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	A	100

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	Date
Eric M Goedde	1/19/24
Signature of Authorized Representative	
EMG	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov