



**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

**Foreign 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 - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 000115934

**2. Name of Corporation** MModal Services, Ltd.

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

No. and Street: 1710 MURRAY AVENUE  
SUITE 2

City or Town: SELF State: PA Zip: 15217 Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: NJ

**NAICS CODE**

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.

518210

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

MEDICAL TRANSCRIPTION AND RELATED HEALTH AND TECHNOLOGY  
INFORMATION SERVICES  
AND PRODUCTS

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

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	GARRI GARRISON	3M CENTER ST PAUL, MN 55144 USA
TREASURER	QUINN WEIDALL	3M CENTER ST PAUL, MN 55144 USA
SECRETARY	CARL RYCHCIK	3M CENTER ST PAUL, MN 55144 USA
ASSISTANT TREASURER	JUSTIN P MCGOUGH	3M CENTER ST PAUL, MN 55144 USA
ASSISTANT SECRETARY	KARLA M STOECKMAN	3M CENTER ST PAUL, MN 55144 USA
DIRECTOR	JOHN C MATHISON	3M CENTER ST PAUL, MN 55144 USA
DIRECTOR	GARRI GARRISON	3M CENTER ST PAUL, MN 55144 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	1,000.00	0

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 7 Day of February, 2024 at 12:01:28 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 ESTHER ZUCKERMAN  
Signature of Authorized Representative of the Corporation

