

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.

Final

FILED

APR 23 2024

BY

1789

1. Entity ID Number 001756541		2. Exact name of the Corporation VF ALLIANCE A MEDICAL CORPORATION			
3. Principal Office Address 969 S. SANTA FE AVE STE A			City VISTA	State CA	Zip 92083
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island EMPLOYEE IN RI			
5. State of Incorporation CA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RICHARD OLIVA			Vice-President Name		
Street Address 2675 LOMBARD STREET			Street Address		
City SAN FRANCISCO	State CA	Zip 94123	City	State	Zip
Secretary Name LUIS SUAREZ			Treasurer Name		
Street Address 2560 RUDDER			Street Address		
City OCEANSIDE	State CA	Zip 92054	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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 5000	CLASS/SERIES COMMON	PAR VALUE 1
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. <i>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.</i>					
Name of Authorized Representative					Date 4/15/2024
Signature of Authorized Representative LUIS SUAREZ					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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