



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.

FILED

APR 24 2024

BY 58442

OS

1. Entity ID Number <b>88854</b>		2. Exact name of the Corporation <b>MED TECH., INC.</b>			
3. Principal Office Address <b>290 Armistice Boulevard</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>
4. NAICS Code <b>621910</b>		6. Brief description of the character of business conducted in Rhode Island <b>To provide ambulance services.</b>			
5. State of Incorporation <b>Rhode Island</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>Gary R. Reis</b>			Vice-President Name <b>Gary R. Reis</b>		
Street Address <b>86 Naushon Road</b>			Street Address <b>86 Naushon Road</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>
Secretary Name <b>Gary R. Reis</b>			Treasurer Name <b>Gary R. Reis</b>		
Street Address <b>86 Naushon Road</b>			Street Address <b>86 Naushon Road</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Gary R. Reis</b>			Director Name <b>None</b>		
Street Address <b>86 Naushon Road</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
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>		
			NUMBER OF SHARES	CLASS/SERIES	PAY 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. <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>Gary R. Reis</b>				Date <b>3/22/24</b>	
Signature of Authorized Representative 					

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov