RI SOS Filing Number: 202564637180 Date: 2/6/2025 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

FILED

Annual Report for the year: 2025

Corporation

Filing period: February 1 - May 1
Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fe	e if form is not fil	ed by May 31.						
	2. Exact name of the Corporation GlobalMedID.com, Inc.							
3. Principal Office Address 83 Pulaski Street, Unit 14			City West V	Varwick	State RI		Zip 02893	
. NAICS Code 6. Brief description of the character of business conducted in Rhode Island								
519100	Information Services							
5. State of Incorporation Rhode Island	3333333 34 <u>-</u> -					-		
List ALL officers (names and additional additio		Check the box to indicate an attachment						
President Name Anthony Stabile				Vice-President Name Same				
Street Address 83 Pulaski Street, Unit 14				Street Address				
^{City} West Warwick	State RI	^{Žip} 02893	City	State		Zip		
Secretary Name Same			Treasurer Name Same					
Street Address			Street Address					
City	State	Zip	City		State		Zip	
8. List ALL directors (names and ad	dresses)			Check the b	ox to indi	ate an atta	achment 🗆	
Director Name	me							
Street Address			Street Address					
City	State	Zip	City		State		Zip	
Director Name				Director Name				
Street Address				Street Address				
City	State	Zip	City	City			Zip	
9. Shares Authorized	<u> </u>	10. Shares Issue	ed	Check the	box to ind	icate an at	tachment 🔲	
			SHARES CLASS/SERIES PAR VALUE					
Department of State.		100		Common	N		PV	
Changes require an additional filing.				<u></u>				
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-								
ceiver 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			
Anthony Stabile					02/03/2025			
Signature of Authorized Representative								
77/1011 2016								

MAIL TÓ:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov