

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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

MAR 18 2025

BY

5509

1. Entity ID Number 1774153		2. Exact name of the Corporation ALVAMED, INC.			
3. Principal Office Address 935 GREAT PLAIN AVE, STE 166			City NFEDHAM	State MA	Zip 02492
4. NAICS Code 541600		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation MA		PROFESSIONAL SERVICES			
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name MARK R. COX			Vice-President Name		
Street Address 8 TAYLOR LANE			Street Address		
City DOVER	State MA	Zip 02030	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 1000000	CLASS/SERIES COMMON	PAR VALUE 0	
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 Mark Cox					Date 2/21/2025
Signature of Authorized Representative MARK COX					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

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