



**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 2025:** 2025

**1. Corporate ID No.** 000487356

**2. Name of Corporation** STERIS Instrument Management Services, Inc.

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

No. and Street: 3316 2ND AVENUE NORTH

City or Town: BIRMINGHAM State: AL Zip: 35222 Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: DE

**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.

811310

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

MAINTENANCE & REPAIR OF INSTRUMENTS

IMS IS ENGAGED IN THE BUSINESS OF: (I) PROVIDING MAINTENANCE, REPAIR AND

RELATED SERVICES FOR SURGICAL INSTRUMENTS, ENDOSCOPES AND SURGICAL CAMERAS,

POWER TOOLS AND EQUIPMENT; (II) MARKETING, SELLING AND DISTRIBUTING NEW AND

REFURBISHED SURGICAL INSTRUMENTS, TOOLS AND EQUIPMENT; (III) DESIGNING, MANUFACTURING AND SELLING REPLACEMENT PARTS USED IN CONNECTION WITH MAINTENANCE AND REPAIR OF SURGICAL INSTRUMENTS, TOOLS AND EQUIPMENT; (IV) DESIGNING, MARKETING AND LICENSING SOFTWARE SOLUTIONS RELATED TO THE MANAGEMENT AND TRACKING OF TISSUE, IMPLANTS, MEDICAL DEVICES AND SURGICAL INSTRUMENTS BY HOSPITALS AND OTHER ACUTE CARE FACILITIES; (V) PROVIDING CHAMBER CLEANING, STERILIZER CLEANING AND RELATED SERVICES; AND (VI) PROVIDING CONSULTING SERVICES RELATED TO: (A) THE INSPECTION, REPAIR AND PROCESSING OF SURGICAL INSTRUMENTS, TOOLS AND EQUIPMENT; (B) THE MANAGEMENT OF STERILE PROCESSING DEPARTMENTS OF HOSPITALS AND OTHER ACUTE CARE FACILITIES; AND (C) THE MANAGEMENT AND OPERATION OF OPERATING ROOMS AND OTHER SIMILAR FACILITIES.

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

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL J. TOKICH	3316 2ND AVENUE NORTH BIRMINGHAM, AL 35222 USA
TREASURER	RENATO G. TAMARO	3316 2ND AVENUE NORTH BIRMINGHAM, AL 35222 USA
SECRETARY	JOHN P. UBBING	3316 2ND AVENUE NORTH BIRMINGHAM, AL 35222 USA
ASSISTANT SECRETARY	CHERYL FLOWERS	3316 2ND AVENUE NORTH BIRMINGHAM, AL 35222 USA
VICE PRESIDENT, INTELLECTUAL PROPERTY	RUSSELL WHEATLEY	3316 2ND AVENUE NORTH BIRMINGHAM, AL 35222 USA
VICE PRESIDENT AND CHIEF ACCOUNTING OFFICER	KAREN L. BURTON	3316 2ND AVENUE NORTH BIRMINGHAM, AL 35222 USA
VICE PRESIDENT	MARK ENGLISH	3316 2ND AVENUE NORTH BIRMINGHAM, AL 35222 USA
VICE PRESIDENT	RENATO G. TAMARO	3316 2ND AVENUE NORTH BIRMINGHAM, AL 35222 USA
DIRECTOR	MICHAEL J. TOKICH	3316 2ND AVENUE NORTH BIRMINGHAM, AL 35222 USA
DIRECTOR	JOHN P. UBBING	3316 2ND AVENUE NORTH BIRMINGHAM, AL 35222 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>
CWP		\$1.0000	15,000.00	10460

**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 21 Day of March, 2025 at 8:36:38 AM.** *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 KELLY LETTMANN

Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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