



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 31 2025

BY

1. Entity ID Number 100006		2. Exact name of the Corporation Medical Sound Technologies, Inc.	
3. Principal Office Address 10 Nate Whipple Highway		City Cumberland	State RI
		Zip 02864	
4. NAICS Code 82990	6. Brief description of the character of business conducted in Rhode Island Purchasing, selling, leasing and distributing both wholesale and retail new and used medical equipment.		
5. State of Incorporation RI			
7. List ALL officers (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>	
President Name Thomas M. Hagan		Vice-President Name Thomas M. Hagan	
Street Address 11 Weetamoe Farm Drive		Street Address 10 Weetamoe Farm Drive	
City Bristol	State RI	Zip 02809	City Bristol
			State RI
			Zip 02809
Secretary Name Thomas M. Hagan		Treasurer Name Thomas M. Hagan	
Street Address 11 Weetamoe Farm Drive		Street Address 10 Weetamoe Farm Drive	
City Bristol	State RI	Zip 02809	City Bristol
			State RI
			Zip 02809
8. List ALL directors (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>	
Director Name Thomas M. Hagan		Director Name	
Street Address 11 Weetamoe Farm Drive		Street Address	
City Bristol	State RI	Zip 02809	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.		Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES Common
			PAR VALUE No Par 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.			
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 Thomas M. Hagan, President			Date 3/15/2025
Signature of Authorized Representative <i>Thomas M. Hagan</i>			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov