



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 141103
OS

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 812990		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 Rhode Island					
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 11 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 Weetamore 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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		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 4/11/2024	
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