

1.) CORPORATION NAME:

MEDICAL NUMERICS, INC.

DUE DATE: **4/30/2011**

SCC ID NO: **05191432**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 40 WESTMINSTER ST

CITY/ST/ZIP: PROVIDENCE, RI 02903-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: FREDERICK M STRADER
TITLE: P/CEO
ADDRESS: 201 LOWELL ST
CITY/ST/ZIP/CO: WILMINGTON, MA 01887-

OFFICER

DIRECTOR

NAME: ROBERT J SULLIVAN
TITLE: VP-FINANCE
ADDRESS: 201 LOWELL ST
CITY/ST/ZIP/CO: WILMINGTON, MA 01887-

OFFICER

DIRECTOR

NAME: PATRICIA L ELMER
TITLE: ASST TREASURER
ADDRESS: 40 WESTMINSTER ST
CITY/ST/ZIP/CO: PROVIDENCE, RI 02903-

OFFICER

DIRECTOR

NAME: JEFF JOHNSON
TITLE: TREASURER
ADDRESS: 5301 SOUTHWEST PKWY
CITY/ST/ZIP/CO: AUSTIN, TX 78735-

OFFICER

DIRECTOR

NAME: W ROBERT KEMP
TITLE: SECRETARY
ADDRESS: 201 LOWELL ST
CITY/ST/ZIP/CO: WILMINGTON, MA 01887-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ PATRICIA L ELMER</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>PATRICIA L ELMER, ASST TREASURER</u> PRINTED NAME AND CORPORATE TITLE	<u>3/28/2011</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.