

1.) CORPORATION NAME:

**MEDICAL NUMERICS, INC.**

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **05191432**

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ELLEN M LORD	
TITLE:	P/CEO	
ADDRESS:	40 WESTMINSTER STREET	
CITY/ST/ZIP/CO:	PROVIDENCE, RI 02903	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PATRICIA L ELMER	
TITLE:	VICE PRESIDENT	
ADDRESS:	40 WESTMINSTER ST	
CITY/ST/ZIP/CO:	PROVIDENCE, RI 02903	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JEFF JOHNSON	
TITLE:	TREASURER	
ADDRESS:	5301 SOUTHWEST PKWY	
CITY/ST/ZIP/CO:	AUSTIN, TX 78735	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Kim Herrington	
TITLE:	CFO	
ADDRESS:	40 Westminster Street	
CITY/ST/ZIP/CO:	Providence, RI 02903	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Danny Lee	
TITLE:	SECRETARY	
ADDRESS:	124 Industry Lane	
CITY/ST/ZIP/CO:	Hunt Valley, MD 21030	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Brian D Swiszc	
TITLE:	ASST TREASURER	
ADDRESS:	40 Westminster Street	
CITY/ST/ZIP/CO:	Providence, RI 02903	

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.

/s/ Brian DSwiszcz	Brian DSwiszcz,	4/3/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
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.		