

1.) CORPORATION NAME: <b>CARE PERFECTIONS MEDICAL TRANSPORTATION INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>ALICE MENSAH 8705 STONEWALL ROAD MANASSAS, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>MANASSAS CITY (FILED IN PRINCE WILLIAM COUNTY)</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	DUE DATE: <b>6/30/2016</b> SCC ID NO: <b>07382096</b> 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED				
COMMON	100				

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 8705 STONEWALL RD CITY/ST/ZIP: MANASSAS, VA 20110
--

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: ALICE ANWOMEA TITLE: PRESIDENT ADDRESS: 13832 REGAL COURT CITY/ST/ZIP/CO: WOODBRIDGE, VA 22193	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KWASI NDUWA ANWOMEA TITLE: VICE PRESIDENT ADDRESS: 13832 REGAL CT CITY/ST/ZIP/CO: WOODBRIDGE, VA 22193	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ALICE ANWOMEA TITLE: DIRECTOR ADDRESS: 13832 REGAL CT CITY/ST/ZIP/CO: WOODBRIDGE, VA 22193	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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.

/s/ ALICE ANWOMEA	ALICE ANWOMEA, PRESIDENT	4/18/2016
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.