



# State of New Hampshire 2014 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

**REPORT DUE BY April 1, 2014**

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed  
Date Filed: 03/13/2014  
Business ID: 495111  
William M. Gardner  
Secretary of State

AGAMATRIX, INC.  
7C RAYMOND AVENUE  
SALEM, NH 03079

**ADDRESS OF PRINCIPAL OFFICE:**

7C RAYMOND AVENUE  
SALEM, NH 03079

**REGISTERED AGENT AND OFFICE:**

C T CORPORATION SYSTEM  
9 CAPITOL ST  
CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 495111

STATE OF DOMICILE: DELAWARE

MEDICAL DIAGNOSTIC SUPPLIES AND EQUIPMENT

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

The new mailing address \_\_\_\_\_

The new principal office address \_\_\_\_\_

PO Box is acceptable.

**OFFICERS**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. **John Alberico**  
STREET **7c Raymond Avenue**  
CITY/STATE/ZIP **Salem Nh 03079**

SEC'Y. **Kerry Skolkin**  
STREET **7c Raymond Avenue**  
CITY/STATE/ZIP **Salem Nh 03079**

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

**BOARD OF DIRECTORS**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. **John Alberico**  
STREET **7c Raymond Avenue**  
CITY/STATE/ZIP **Salem Nh 03079**

DIR. **Walter Winshall**  
STREET **7c Raymond Avenue**  
CITY/STATE/ZIP **Salem Nh 03079**

DIR. **Carlos Ferrer**

STREET **7c Raymond Avenue**

CITY/STATE/ZIP **Salem Nh 03079**

DIR. **Jeffrey Kindler**

STREET **7c Raymond Avenue**

CITY/STATE/ZIP **Salem Nh 03079**

To be signed by an officer, director, or any other person authorized by the board of directors.  
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **Kerry Skolkin**

**Please print name and title of signer: Kerry Skolkin / SECRETARY**

NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



049511120141009

**WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED**

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301

# 2014 ANNUAL REPORT

## NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS:

### DIRECTOR

VINAY KOLLA  
7C RAYMOND AVENUE  
SALEM, NH 03079

### DIRECTOR

PAUL KELLY  
7C RAYMOND AVENUE  
SALEM, NH 03079