



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000858873		2. Exact name of the Corporation A&B SUPPLY CO., INC.								
3. Principal office address 315 OLD RIVER ROAD, UNIT 13			City MANVILLE	State RI	Zip 02838					
4. Business Phone No. 508-989-5781		5. State of Incorporation RHODE ISLAND								
6. Brief description of the character of business conducted in Rhode Island WHOLESALE- MEDICAL DEVICES & SUPPLIES										
President Name JON LOMBARDI			Vice-President Name							
Street Address 315 OLD RIVER ROAD, UNIT 13			Street Address							
City MANVILLE	State RI	Zip 02838	City	State	Zip					
Secretary Name			Treasurer Name SEAN HERNANDEZ							
Street Address			Street Address 79 LUBEC STREET, APT 1F							
City	State	Zip	City BOSTON	State MA	Zip 02128					
7. LIST ALL DIRECTORS (NAME AND ADDRESS) (SEE BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name JON LOMBARDI			Director Name SEAN HERNANDEZ							
Street Address 315 OLD RIVER ROAD, UNIT 13			Street Address 79 LUBEC STREET, APT 1F							
City MANVILLE	State RI	Zip 02838	City BOSTON	State MA	Zip 02128					
Director Name			Director Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
8. SHARES AUTHORIZED										
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.										
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
						1000	COMMON	NO PAR		

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.

FILED

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620

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.

Signature of Authorized Representative _____ Date _____

JON LOMBARDI

Print or Type Name of Authorized Representative