



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

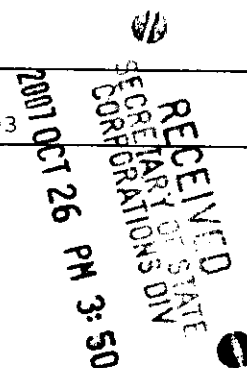
A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3046

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

1. ID No. 149933		2. Exact name of the limited liability company MEDport LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Consumer health care products	
5. Principal office address 23 Acorn Street		City Providence	State RI Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Larry Wesson		Contact Title	
Street Address 23 Acorn Street		City Providence	State RI Zip 02903
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☒ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Larry Wesson		Manager Name David S. Jacober	
Street Address 23 Acorn Street		Street Address 23 Acorn Street	
City Providence	State RI	City Providence	State RI Zip 02903
Manager Name Marc Reich		Manager Name Roger J. Roche, Jr.	
Street Address 200 Fisher Drive		Street Address 200 Fisher Drive	
City Avon	State CT	City Avon	State CT Zip 06001
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Carl I. Freedman, Esq.		Address	
Address One Park Row, Suite 300		City Providence	Zip 02903



This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



FILED

File Date **OCT 26 2007**

Check No. By **14744**

By:

FOR SECRETARY OF STATE USE ONLY

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 Person **Larry Wesson** Date **10-22-07**

Print or Type Name of Authorized Person
Larry Wesson

**Attachment to MEDport LLC Annual Report for the Year 2007
Corporate ID No. 149933**

7. Manager Name:

James Barra
200 Fisher Drive
Avon, CT 06001

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2007 OCT 26 PM 3:50