RI SOS Filing Number: 200702955530 Date: 10/26/2007 4:00 PM

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
401.222.3040

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.	*2. Exact name of the limited liability company*
149933	MEDport LLC

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
Rhode Island	Consumer health care products

5. Principal office address	*City*	*State*	*Zip*
23 Acorn Street	Providence	RI	02903

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
Larry Wesson	

Street Address	*City*	*State*	*Zip*
23 Acorn Street	Providence	RI	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	*Street Address*	*City*	*State*	*Zip*
Larry Wesson	23 Acorn Street	Providence	RI	02903
David S. Jacober	23 Acorn Street	Providence	RI	02903
Marc Reich	200 Fisher Drive	Avon	CT	06001
Roger J. Roche, Jr.	200 Fisher Drive	Avon	CT	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	*Address*	*City*	*Zip*
Carl I. Freedman, Esq.	One Park Row, Suite 300	Providence	02903

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

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

[redacted] 149933 [redacted]

FILED
File Date OCT 26 2007
Check No. By 145744
By:
16171-61-198867
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 *Date* 10-22-07

[redacted] Larry Wesson

Print or Type Name of Authorized Person

Form 632 Rev. 08/06

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