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STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
128224	OST Medical, Inc.			
3. Street Address Principal Business Office		City	State	Zip
11 KNIGHT STREET, BLDG. F-23		WARWICK	RI	02886-
4. Business Phone No.	5. State of Incorporation			6. SIC Code
4017373774	RHODE ISLAND			3845

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE SALE AND DISTRIBUTION OF MEDICAL DEVICE PRODUCTS

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Peter J. Sacchetti	None
Street Address	Street Address
42 Mulberry Street, #1	
City / State / Zip	City / State / Zip
Attleboro / MA / 02703	
Secretary Name	Treasurer Name
Robert A. Peretti	Robert A. Peretti
Street Address	Street Address
1536 Westminster Street	1536 Westminster Street
City / State / Zip	City / State / Zip
Providence / RI / 02909	Providence / RI / 02909

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Carlo Ruggeri	Robert H. Bert
Street Address	Street Address
21 Lennon Road	105 Wildflower Drive
City / State / Zip	City / State / Zip
Lincoln / RI / 02865	Cranston / RI / 02921
Director Name	Director Name
Peter J. Sacchetti	
Street Address	Street Address
42 Mulberry Street, #1	
City / State / Zip	City / State / Zip
Attleboro / MA / 02703	

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10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
8,000 $.01 PAR VALUE			1,924	Common	$.01

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] 1 2 8 2 2 4

128224 DBC 03/15/05 03:34:17 PM
File Date FILED
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By: By 17016
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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 Officer *Date* 2/27/08

Robert A. Peretti
Print or Type Name of Officer

[redacted] Secretary
Title of Officer

Form 630 12/01