



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 2008

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 143756		2. Exact name of the limited liability company AM MEDICAL SUPPLIES & EQUIPMENTS LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RETAIL SALES OF DURABLE MEDICAL EQUIPMENTS			
5. Principal office address 515 WATERMAN AVENUE		City EAST PROVIDENCE	State R.I.	Zip 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ANDREW WILLIAMS		Contact Title BUS. MANAGER			
Street Address 515 WATERMAN AVENUE		City EAST PROVIDENCE	State R.I.	Zip 02914	
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) <input type="checkbox"/>					
Manager Name MERCY WILLIAMS			Manager Name		
Street Address 515 WATERMAN AVENUE			Street Address		
City E. PROVIDENCE	State R.I.	Zip 02914	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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By 071073

Kmc

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

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.

Andrew Williams 10/17/2008
Signature of Authorized Person Date

ANDREW WILLIAMS
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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