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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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
000098000	ABBOTT LABORITORIES INC			
3. Street Address Principal Business Office		City	State	Zip
100 ABBOTT PARK ROAD		ABBOTT PARK	IL	60064-6057
4. Business Phone No.	5. State of Incorporation			
847-937-7632	DELAWARE			

6. Brief Description of the Character of Business Conducted in Rhode Island

Sales of Healthcare Products

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

President Name			Vice President Name		
MILES D WHITE					
Street Address			Street Address		
100 ABBOTT PARK ROAD					
City	State	Zip	City	State	Zip
ABBOTT PARK	IL	606064			
Secretary Name			Treasurer Name		
CHADWICK MUNZ			BENJAMIN OOSTERBAAN		
Street Address			Street Address		
100 ABBOTT PARK ROAD			100 ABBOTT PARK ROAD		
City	State	Zip	City	State	Zip
ABBOTT PARK	IL	60064	ABBOTT PARK	IL	60064

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

Director Name			Director Name		
THOMAS C FREYMAN					
Street Address			Street Address		
100 ABBOTT PARK ROAD					
City	State	Zip	City	State	Zip
ABBOTT PARK	IL	60064			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1,000	COMMON	1.00

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.

[redacted] [redacted]

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.

Jean Mulroney 11/7/08
Signature *Date*

JEAN MULRONEY
Print or Type Name

[redacted] TAX MANAGER
Title

File Date FILED
Check No. NOV 17 2008
By: 0346808
By
FOR SECRETARY OF STATE USE ONLY
27867-1-283079

Form 630 Rev. 08/08