

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

401.222.30

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(e&rd)) is

subject to a penalty fee of \$25.00.							
1. Corporate ID No. 000098000	2. Name of Corporation ABBOTT LABORITORIES INC						
3. Street Address Principal Business Office 100 ABBOTT PARK ROAD			^{Cin} ABBOTT PARK	State IL	<i>zip</i> 60064-6057		
4. Business Phone No. 5. State of Incorporation B47-937-7632 DELAWARE							
6. Brief Description of the Character o	f Business Conducted in Rl	rode Island					
Sales of Healthcare Products							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMEN"							
President Name			Vice President Name				
MILES D WHITE							
Street Address 100 ABBOTT PARK ROAD			Street Address				
City	State	Zip	City	State	Zip		
ABBOTT PARK	IL	606064	<u>:</u>		<u> </u>		
Secretary Name CHADWICK MUNZ			Treasurer Name BENJAMIN OOSTERBAAN				
Street Address	_		Street Address				
100 ABBOTT PARK ROA	D		100 ABBOTT PARK ROAD				
ABBOTT PARK	State IL	^{Zip} 60064	ABBOTT PARK	State IL	^{Zip} 60064		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATT							
THOMAS C FREYMAN			Director Name				
Street Address			Street Address				
100 ABBOTT PARK ROAL	State	Zip	: City	State	Zip		
ABBOTT PARK	IL	60064					
Director Name			Director Name				
			Street Address				
Street Address			Street Address				
City	State	Zip	: Citv	State	Zip		
City	Sime	2.47	· Carl	.73,544			
9. SHARES AUTHORIZED			in shapes issued /"Y	 Roy for attachme	(NT)		
y, Shares Authorized			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) I ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
			Number of Shares	Class/Series	Par Value		
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.					<u> </u>		
			1,000	соммои	1.00		
				+			
This report must be executed.	an hahalf of the carry	vestion by an authoriza	d rangeantative. If the corne	ration is in the hands of	n ranaivar or tructon		
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.							
ans report must be executed to	or the corpo	and by the receiver t	ra valorità d'art				

File Date FILED
Check No. NOV 1 7 2008
FOR SECRETARY OF STATE USE ONLY

		that I have examined this report, statements, and that all statements
contained herein are true and co		
Joan Milson	ueg	11/7/08
igpature		Date
JEAN MULRONEY	/	
Print or Type Name		

TAX MANAGER

Title