



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. 57604		2. Name of Corporation Medco Distributors, Inc.			
3. Street Address Principal Business Office 14 Edgewood Boulevard			City Cranston	State RI	Zip 02905
4. Business Phone No. 401-943-7788		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Wholesale and retail distribution and sale of first aid safety supplies.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert G. Del Giudice			Vice President Name Cheryl J. Armstrong		
Street Address 14 Edgewood Boulevard			Street Address 36 Peepload Road		
City Cranston	State RI	Zip 02905	City Warwick	State RI	Zip 02888
Secretary Name Robert G. Del Giudice			Treasurer Name Robert G. Del Giudice		
Street Address 14 Edgewood Boulevard			Street Address 14 Edgewood Boulevard		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares 500		Class/Series Common		Par Value \$1.00	
THIS SECTION MUST BE COMPLETED					

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.

FILED	
File Date	FEB 24 2009
Check No.	
By	By [Signature]
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
Robert G. Del Giudice

Print or Type Name

President

Title