



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. 83761		2. Name of Corporation ALPHA SURGICAL INC.			
3. Street Address Principal Business Office 1894 SMITH STREET		City NORTH PROVIDENCE	State RI	Zip 02911	
4. Business Phone No. 401-353-9090		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island SALE AND RENTAL OF MEDICAL EQUIPMENT AND SUPPLIES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KENNETH W. CHARETTE JR.		Vice President Name THERESA CHARETTE			
Street Address 44 RIVER STREET		Street Address 44 RIVER STREET			
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
Secretary Name THERESA CHARETTE		Treasurer Name THERESA CHARETTE			
Street Address 44 RIVER STREET		Street Address 44 RIVER STREET			
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name KENNETH W. CHARETTE JR.		Director Name THERESA CHARETTE			
Street Address 44 RIVER STREET		Street Address 44 RIVER STREET			
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares 1,000 1,300		Class/Series N/A		Par Value NO PAR VALUE	

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.

File Date	2-26-09
Check No.	1038
By:	<i>MNC</i>
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.

Kenneth W. Charette Jr. 02/23/2009
Signature Date
KENNETH W. CHARETTE JR.
Print or Type Name
PRESIDENT
Title