

FOR SECRETARY OF STATE USE ONLY

subject to a penalty fee of \$25.00.

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

Form 630 Rev. 08/08

## 2009 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

1. Corporate ID No. 23300	2. Name of Corporation DAVOL	2. Name of Corporation DAVOL				
3. Street Address Principal Business Office 100 CROSSINGS BLVD			WARWICK	State RI	<sup>Ζφ</sup> 02886	
4. Business Phone No. 5. State of Incorporation DELAWARE						
6. Brief Description of the Charac MANUFACTURER/WHO	ter of Business Conducted in the LESALE MEDICAL HE	Rhode Island EALTHCARE PRODUC	TS .			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name BRIAN P KELLY			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  TODD C SCHERMERHORN			
Street Address 83 CANTERBURY WAY			Street Address 2 CROMWELL LANE			
City BASKING RIDGE	State NJ	<sup>Zip</sup> 07920	City MENDHAM	State NJ	<sup>Zip</sup> 0 <b>79</b> 45	
Secretary Name STEPHEN J LONG			Treasurer Name SCOTT T LOWRY			
Street Address 18 KNAPTON HILL			Street Address 6 BRANNICK DRIVE			
City MENDHAM	State NJ	<sup>2ip</sup> 07945	City MADISON	State NJ	<sup>Zip</sup> 07940	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name BRIAN P KELLY			TACHMENT) THILL IN SPACES BEFORE USING ATTACHMENTS  Director Name TODD C SCHERMERHORN			
Street Address 83 CANTERBURY WAY			Street Address 2 CROMWELL LANE			
City BASKING RIDGE	State NJ	<i>Ζιρ</i> 07920	City MENDHAM	State NJ	<i>гір</i> 07945	
Director Name STEPHEN J LONG			Director Name JOHN H WEILAND			
Street Address 18 KNAPTON HILL			Street Address 395 PRINCETON AVENUE			
City MENDHAM	State NJ	<i>Ζψ</i> <b>07945</b>	Gity BRICK	State NJ	<sup>Zip</sup> 08724	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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.			Number of Shares	Class/Series	Par Value	
			100	COMMON	10.00	
		,				
This report must be executhis report must be execut	ited on behalf of the conted on behalf of the cor	rporation by an authoriz poration by the receiver	ed representative. If the or trustee.	corporation is in the hands	s of a receiver or trustee,	
			including any acc	ompanying schedules and sta	that I have examined this report atements, and that all statemen	
File Date FILED			contained herein	fe true and correct.	2/21/09	
Check MAR 0 6 200	Q		Signature	OWBY	Date	
. P. (// )/)/			SCOTT T LOWRY  Print or Type Name			

**TREASURER** 

Title