



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 02904-2611
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 100006	2. Name of Corporation Medical Sound Technologies, Inc.
------------------------------	--

3. Street Address Principal Business Office 10 Nate Whipple Highway	City Cumberland	State RI	Zip 02864
--	--------------------	-------------	--------------

4. Business Phone No. 333-6478	5. State of Incorporation Rhode Island
-----------------------------------	---

6. Brief Description of the Character of Business Conducted in Rhode Island
Purchasing, selling, leasing and distributing both wholesale and retail new and used medical equipment

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

President Name Thomas M. Hagan	Vice President Name Thomas M. Hagan
-----------------------------------	--

Street Address 19 Louise F. Luther Drive	Street Address 19 Louise F. Luther Drive
---	---

City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
--------------------	-------------	--------------	--------------------	-------------	--------------

Secretary Name Thomas M. Hagan	Treasurer Name Thomas M. Hagan
-----------------------------------	-----------------------------------

Street Address 19 Louise F. Luther Drive	Street Address 19 Louise F. Luther Drive
---	---

City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
--------------------	-------------	--------------	--------------------	-------------	--------------

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

Director Name Thomas M. Hagan	Director Name
----------------------------------	---------------

Street Address 19 Louise F. Luther Drive	Street Address
---	----------------

City Cumberland	State RI	Zip 02864	City	State	Zip
--------------------	-------------	--------------	------	-------	-----

Director Name	Director Name
---------------	---------------

Street Address	Street Address
----------------	----------------

City	State	Zip	City	State	Zip
------	-------	-----	------	-------	-----

9. SHARES AUTHORIZED 300 Common No Par Value	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>
---	---

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.

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	No Par Value
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.

File Date 3/13/09
Check No. 6004
By: KM
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.

Thomas M. Hagan 3/23/09
Signature Date

Thomas M. Hagan
Print or Type Name
President
Title