



**STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS**
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010
Filing Period: January 1 - March 1 • Filing Fee: \$50.00

* 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. **55374** 2. Name of Corporation **New England Medical Supply, Inc.**
3. Street Address Principal Business Office **365 EDDY STREET** City **PROVIDENCE** State **RI** Zip **02903**
4. Business Phone No. **4018318030** 5. State of Incorporation **RHODE ISLAND**
6. Brief Description of the Character of Business Conducted in Rhode Island
BUY AND SELL DRUGS WHOLESALE

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

President Name Linda A. Schlossberg	Vice President Name
Street Address 115 Laurel Wood Drive	Street Address
City State Zip East Greenwich RI 02818	City State Zip
Secretary Name Linda M. Schlossberg	Treasurer Name
Street Address 115 Laurel Wood Drive	Street Address
City State Zip East Greenwich RI 02818	City State Zip East Greenwich RI 02818

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

Director Name	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 ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 \$1.00 PAR VALUE

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 common none

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.



5 5 3 7 4

55374 DBC 01/12/07 02:14:16 PM
File Date 2-18-2010
Check No. 006574
By: MNC
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.
Linda M. Schlossberg 02-17-10
Signature Date
Linda M. Schlossberg
Print or Type Name
President
Title