

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 2011

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 precycled by law (R.I.G.L. 7-1.2-1501).

subject to a penalty fee of \$ 1. Corporate ID No.	2. Name of Con	poration			_		
76923	Re-Med G	roup, Inc.					
3. Street Address Principal One Erica Drive	Street Address Principal Business Office One Erica Drive		City Lincoln	State RI	^{Zip} 02865		
. Business Phone No. 5. State of Incorporation (401) 723-3064 Rhode Island							
Real estate investm	DRESSES OF THE OFF	icted in Rhode Island ng, renting, leasing, developin ICERS: ("X" BOX FOR ATTA	g, marketing, and all c CHMENT) THILL IN Vice President Name Anthony J. Thoma	SPACES BEFORE USING	a Rhode Island business ATTACHMENTS		
Street Address One Erica Drive			Street Address One Erica Drive				
City Lincoln	State RI	^{Zip} 02865	City Lincoln	State RI	^{Zip} 02865		
ecretary Name Anthony J. Thomas, Jr.			Treasurer Name Anthony J. Thomas, Jr.				
Street Address One Erica Drive	State Zip		Street Address One Erica Drive				
City Lincoln	RI	02865	City Li ncoln	State RI	^{Zip} 02865		
Director Name Anthony J. Thoma		ECTORS: ("X" BOX FOR ATT	TACHMENT) FILL Director Name	IN SPACES BEFORE USIN	G ATTACHMENTS		
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any Lincoln	State RI	^{Zip} 02865	City	State	Zφ 20 20		
Director Name			Director Name		R CORP CORP		
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City	State	Zip	City	State	Zip 9:0 <		
. SHARES AUTHOR	UZED	· 	•	D <i>("X" BOX FOR ATTAC</i> SECTION <u>MUST</u> BE COMPLETED	HWENT DESC		
This information is currently of record in the Office of the Secretary of		Number of Shares	Class/Series	ar Value 📆			
State. Changes require an additional filing. See Section 9 of instruction sheet.			1000	Common	No Par Value		
This report must be exhis report must be ex	executed on behalf of the	ne corporation by an authorize e corporation by the receiver of	d representative. If the or trustee.	corporation is in the hand	s of a receiver or trustee		

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including any accompanying schedules and statements, and that all statement contained herein are true and correct.	rt,
21/ /homes 1/19/11	ıts
Signature Date	_
Anthony J. Thomas, Jr.	
Print or Type Name	_
President	
Title	_