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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 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 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.	2. Name of Corporation
529152	Wexford Laboratories, Inc.

3. Street Address Principal Business Office	City	State	Zip
166 Valley Street, BHC 105, Bldg. 6	Providence	RI	02909

4. Business Phone No.	5. State of Incorporation
(401) 383-7600	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
Pharmaceutical Sales

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

President Name	Street Address	City	State	Zip
William Lockett, III	166 Valley Street, BHC 105, Bldg. 6	Providence	RI	02909

Vice President Name	Street Address	City	State	Zip
Thomas R. Factor	166 Valley Street, BHC 105, Bldg. 6	Providence	RI	02909

Secretary Name	Street Address	City	State	Zip
Thomas R. Factor	166 Valley Street, BHC 105, Bldg. 6	Providence	RI	02909

Treasurer Name	Street Address	City	State	Zip
William Lockett, III	166 Valley Street, BHC 105, Bldg. 6	Providence	RI	02909

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

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class Series	Par Value
100 Shares	Common	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.

[redacted] [redacted]

FILED
File Date FEB 28 2011
Check No. By
By: 10382
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59715-97-600114

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.

Signature 2/25/11
Date

William Lockett, III
Print or Type Name

[redacted] President
Title

Form 630 Rev. 08/08