State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of Sta
Corporations Divisio
148 W. River Stre
Providence, RI 02904-261
401.222.304

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.	2. Name of Corporation			
000136978	BRADLEY PHARMACEUTICALS, INC.			
3. Street Address Principal Business Office		City	State	Zip
60 BAYLIS ROAD		MELVILLE	NY	11747
4. Business Phone No.	5. State of Incorporation			
631-454-7677	DELAWARE			

6. Brief Description of the Character of Business Conducted in Rhode Island
COMPANY DISSOLVED 4/3/2008

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

President Name			Vice President Name		
PAUL MCGARTY					
Street Address			Street Address		
60 BAYLIS ROAD					
City	State	Zip	City	State	Zip
MELVILLE	NY	11747			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
PAUL MCGARTY					
Street Address			Street Address		
60 BAYLIS ROAD					
City	State	Zip	City	State	Zip
MELVILLE	NY	11747			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
NONE	NONE	NONE
NONE	NONE	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.

[redacted]

FILED

File Date _____

Check No. MAY 06 2011

By: 143907 10:35

BY _____

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Signature _____ *Date* 4/05/11

DARLENE SANTOLI
Print or Type Name

[redacted] SR. MANAGER, TAX & GOV'T COMPLIANCE