



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2012

1. Corporate ID No. 000155558

2. Name of Corporation Patterson Medical Supply, Inc.

3. Street Address Principal Business Office:

No. and Street: 1031 MENDOTA HEIGHTS ROAD

City or Town: ST. PAUL

State: MN Zip: 55120 Country: USA

4. Business Phone No.

651-686-1817

5. State of Incorporation

State: MN

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

DISTRIBUTE MEDICAL REHABILITATIVE SUPPLIES AND EQUIPMENT

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	ROYCE S. ARMSTRONG	1031 MENDOTA HEIGHTS ROAD ST. PAUL, MN 55120 USA
SECRETARY	DEBRA A. HEIM	1000 REMINGTON BLVD BOLINGBROOK, IL 60440 USA
PRESIDENT	DAVID SPROAT	1031 MENDOTA HEIGHTS ROAD ST. PAUL, MN 55120- USA
ASSISTANT SECRETARY	MATTHEW L. LEVITT	1031 MENDOTA HEIGHTS ROAD ST. PAUL, MN 55120 USA
DIRECTOR	ROYCE S ARMSTRONG	1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120 USA
DIRECTOR	SCOTT P ANDERSON	1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.01	100,000.00	100

9. 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.

Signed this 6 Day of January, 2012 at 8:58:13 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By DENIS SCHIRMERS
Signature of Authorized Representative of the Corporation

STAFF ACCOUNTANT
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

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