



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 55818		2. Exact name of the Corporation NEW ENGLAND SURGICAL, INC.			
3. Principal office address 17 STAFFORD ROAD			City FALL RIVER	State MA	Zip 02721
4. Business Phone No. 508-675-7874			5. State of Incorporation MASSACHUSETTS		
6. Brief description of the character of business conducted in Rhode Island MEDICAL SALES					
7. LIST OF OFFICERS, DIRECTORS, AND ADDRESSES (CHECK BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name HOWARD B. FREEDMAN			Vice-President Name HOWARD B FREEDMAN		
Street Address 37 DANIEL T CHURCH ROAD			Street Address 37 DANIEL T CHURCH ROAD		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Secretary Name HOWARD B. FREEDMAN			Treasurer Name HOWARD B. FREEDMAN		
Street Address 37 DANIEL T CHURCH ROAD			Street Address 37 DANIEL T CHURCH ROAD		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
8. LIST OF DIRECTORS (NAMES AND ADDRESSES) (CHECK BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name HOWARD B. FREEDMAN			Director Name		
Street Address 37 DANIEL T CHURCH ROAD			Street Address		
City TIVERTON	State RI	Zip 02878	City	State	Zip
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 (CHECK BOX FOR ATTACHMENT) <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			12500	CNP	NPV

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.

FILED

MAR 13 2013

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.



By *mmc*

Signature of Authorized Representative

3-12-13
Date

HOWARD B. FREEDMAN

Print or Type Name of Authorized Representative

CA # 9540