



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 **2014**

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. 120766		2. Exact name of the Corporation OWENS & MINOR DISTRIBUTION, INC.			
3. Principal office address 9120 Lockwood Blvd		City Mechanicsville	State VA	Zip 23116	
4. Business Phone No. 804-723-7000		5. State of Incorporation Virginia			
6. Brief description of the character of business conducted in Rhode Island Wholesale distribution of medical and surgical supplies					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name James L. Bierman			Vice-President Name Richard A. Meier		
Street Address The Flats @ West Broad Village #4510			Street Address 1113 Brynlawn Road		
City Glen Allen	State VA	Zip 23060	City Villanova	State PA	Zip 19085
Secretary Name Grace R. den Hartog			Treasurer Name		
Street Address 1350 Old Mill Road			Street Address		
City Crozier	State VA	Zip 23039	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Craig R. Smith			Director Name James L. Bierman		
Street Address 2661 Laclede Avenue			Street Address The Flats @ West Broad Village #4510		
City Richmond	State VA	Zip 23233	City Glen Allen	State VA	Zip 23060
Director Name Grace R. den Hartog			Director Name Richard A. Meier		
Street Address 1350 Old Mill Road			Street Address 1113 Brynlawn Road		
City Crozier	State VA	Zip 23039	City Villanova	State PA	Zip 19085
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common No Par	0

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.

File Date _____

FILED

Check No _____

FEB 28 2014

By: _____

FOR SECRETARY OF STATE USE BY 6005790

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.

W. C. Cooper Jr. 02/24/14
 Signature of Authorized Representative Date

Winston C. Cooper Jr.

Print or Type Name of Authorized Representative