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.	2. Exact name of the Corporation
146004	VaxServe, Inc.

3. Principal office address	City	State	Zip
111 N. Washington Ave.	Scranton	PA	18503

4. Business Phone No.	5. State of Incorporation
570-957-1079	Pennsylvania

6. Brief description of the character of business conducted in Rhode Island
sales of vaccines, medicines and medical supplies

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☑

President Name	Street Address	City	State	Zip
Albert Thomas	111 N. Washington Ave.	Scranton	PA	18503

Vice-President Name	Street Address	City	State	Zip
Frank A. Epifano	111 N. Washington Ave.	Scranton	PA	18503

Secretary Name	Street Address	City	State	Zip
Charles S. Montgomery	111 N. Washington Ave.	Scranton	PA	18503

Treasurer Name	Street Address	City	State	Zip
Frank A. Epifano	111 N. Washington Ave.	Scranton	PA	18503

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Albert Thomas	111 N. Washington Ave.	Scranton	PA	18503

Director Name	Street Address	City	State	Zip
Brian McKenna	111 N. Washington Ave.	Scranton	PA	18503

Director Name	Street Address	City	State	Zip
Frank A. Epifano	111 N. Washington Ave.	Scranton	PA	18503

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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	common	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.

FILED
MAR 04 2014

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY BY _____

706611

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.

Mary Ellen Monacelli 2/21/14
Signature of Authorized Representative Date

Mary Ellen Monacelli, Assistant Treasurer
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

103586-7-953032

ID# 146004

VAXSERVE INC. CORPORATE OFFICERS

NAME	TITLE	ADDRESS	PHONE
ALBERT THOMAS	PRESIDENT and GENERAL MANAGER	111 N WASHINGTON AVE SCRANTON, PA 18503	(570) 496-6821
FRANK A. EPIFANO	VICE PRESIDENT FINANCE, & TREAS.	111 N WASHINGTON AVE SCRANTON, PA 18503	(570) 957-5409
CHARLES S. MONTGOMERY	VP, GENERAL COUNSEL & SECRETARY	111 N WASHINGTON AVE SCRANTON, PA 18503	(570) 957-4412
CHRISTOPHER L. FERNER	DIRECTOR, BUSINESS SUPPORT AND ASST TREASURER	111 N WASHINGTON AVE SCRANTON, PA 18503	(570) 496-6702
MARY ELLEN MONACELLI	DIRECTOR, TAX & ASST TREASURER	111 N WASHINGTON AVE SCRANTON, PA 18503	(570) 496-6766