



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 2015**

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. <b>000064115</b>		2. Exact name of the Corporation <b>Organomed Corporation</b>			
3. Principal office address <b>11 Grandview Street, Unit 8</b>			City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
4. Business Phone No. <b>401-826-7240</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Research and development of specialty chemicals &amp; formulations</b>					
President Name <b>James N. Jacob</b>			Vice-President Name <b>Ninni Jacob</b>		
Street Address <b>129 Holly Hill Lane</b>			Street Address <b>129 Holly Hill Lane</b>		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>
Secretary Name <b>James N. Jacob</b>			Treasurer Name <b>Ninni Jacob</b>		
Street Address <b>129 Holly Hill Lane</b>			Street Address <b>129 Holly Hill Lane</b>		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>
Director Name <b>James N. Jacob</b>			Director Name		
Street Address <b>129 Holly Hill Lane</b>			Street Address		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED (USE BOX FOR ATTACHMENT)		
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		No Par

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.

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.

Signature of Authorized Representative

Date

James N. Jacob

Print or Type Name of Authorized Representative

FEB 04 2015

BY

4/11/15