



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. 57604		2. Exact name of the Corporation Medco Distributors, Inc.			
3. Principal office address PO Box 20491		City Cranston		State RI	Zip 02920
4. Business Phone No. 943-7788		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Wholesale and retail distribution and sale of first aid safety supplies.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert G. Del Giudice			Vice-President Name Cheryl J. Armstrong		
Street Address 14 Edgewood Boulevard			Street Address 36 Peepload Road		
City Cranston	State RI	Zip 02905	City Warwick	State RI	Zip 02888
Secretary Name Robert G. Del Giudice			Treasurer Name Robert G. Del Giudice		
Street Address 14 Edgewood Boulevard			Street Address 14 Edgewood Boulevard		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			500	Common	\$1.00 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.

File Date **FILED**

Check No **FEB 23 2015**

By: **24270**
A.A

FOR SECRETARY OF STATE **By only**

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 **2/13/15**

Robert G. Del Giudice

Print or Type Name of Authorized Representative