



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

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.

2016

1. Entity ID No. 9440		2. Exact name of the Corporation SCOT-TUSSIN PHARMACEUTICAL Co. Inc.			
3. Principal office address <i>former office - my home</i> 17 BEAVER CREEK COURT		City CRANSTON	State RI	Zip 02921	
4. Business Phone No. <i>none</i> <i>my phone number is 401-533-7700</i>		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island <i>Office is closed!! There is no business being conducted in RI and there are NO Employees!!</i>					
President Name KATHERINE Scotti		Vice-President Name none			
Street Address 17 BEAVER CREEK COURT		Street Address			
City CRANSTON	State RI	Zip 02921	City	State	Zip
Secretary Name none		Treasurer Name none			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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
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	
		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.

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.

FILED

JAN 06 2015

Katherine Scotti
Signature of Authorized Representative

1/4/16
Date

KATHERINE Scotti
Print or Type Name of Authorized Representative

BY *DS 2278*