STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 98000

2. Name of Corporation Abbott Laboratories Inc.

3. Street Address Principal Business Office Tax Division, D367/AP6D, 100 Abbott Park Road

City Abbott Park *State* IL *Zip* 60064-6057

4. Business Phone No. 847/938-8704

5. State of Incorporation DELAWARE

6. SIC Code 2830

7. Brief Description of the Character of Business Conducted in Rhode Island

Sales, Marketing and Distribution

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Miles D. White
Street Address 100 Abbott Park Road
City Abbott Park *State* IL *Zip* 60064

Vice President Name John F. Lussen
Street Address 100 Abbott Park Road
City Abbott Park *State* IL *Zip* 60064

Secretary Name Jose M. de Lasa
Street Address 100 Abbott Park Road
City Abbott Park *State* IL *Zip* 60064

Treasurer Name Greg W. Linder
Street Address 100 Abbott Park Road
City Abbott Park *State* IL *Zip* 60064

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Gary P. Coughlan
Street Address 100 Abbott Park Road
City Abbott Park *State* IL *Zip* 60064

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000 COMM	$1.00 PAR VAL	

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000	Common Stock	1.00

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

980000

File Date: 1/29

Check No.: 1554651

By: ac

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 Officer *Date* 1/16/01

John F. Lussen
Print or Type Name of Officer

Vice President, Taxes
Title of Officer

Form 630 12/00