



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

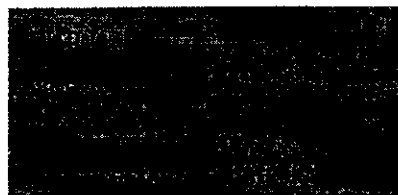
2015

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 977194		2. Exact name of the Corporation Community Surgical Supply of Toms River Inc.			
3. Principal office address 1390 Rt 37 W, Po Box 4686		City Toms River	State NJ	Zip 08755	
4. Business Phone No. 732 597 7076		5. State of Incorporation New Jersey			
6. Brief description of the character of business conducted in Rhode Island Medical Supplier and Delivery					
President Name Michael Fried		Vice-President Name Jerrold Fried			
Street Address 1390 Rt 37 W		Street Address 1390 Rt 37 W			
City Toms River	State NJ	Zip 08755	City Toms River	State NJ	Zip 08755
Secretary Name		Treasurer 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
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 200	CLASS/SERIES	PAR VALUE 495.000	

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

Signature of Authorized Representative
MAY 11 2016
2/11/16

FEB 11 2016

Print or Type Name of Authorized Representative
MAY 11 2016

Form No. 630
Revised: 01/2012

By 267428

A.A. 12:19 p.m.

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