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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	2. Exact name of the Corporation		
977194	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	CLASS/SERIES	PAR VALUE
200		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.

Mary Tracy 2/11/16
Signature of Authorized Representative — Date

Mary Tracy Controller
Print or Type Name of Authorized Representative

FILED
FEB 11 2016
By 216428
A.A. 12:19 p.m.

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SECRETARY OF STATE
CORPORATIONS DIV
2016 FEB 11 PM 12:18

Form No. 630
Revised: 01/2012

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