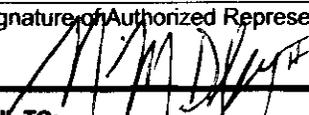




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 153834		2. Exact name of the Corporation BIOMEDICAL SALES CONSULTANTS, INC.			
3. Principal Office Address 767 Steere Farm Road		City Pascoag		State RI	Zip 02859
4. NAICS Code 81 - Other Services (except <input type="checkbox"/>		6. Brief description of the character of business conducted in Rhode Island consulting and sales with regard to medical supplies			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Andrew M. Dickey II			Vice-President Name Christopher Duplessis		
Street Address 767 Steere Farm Road			Street Address 12 Oak Ridge Lane		
City Pascoag	State RI	Zip 02859	City Grafton	State MA	Zip 01519
Secretary Name Andrew M. Dickey II			Treasurer Name Andrew M. Dickey II		
Street Address 767 Steere Farm Road			Street Address 767 Steere Farm Road		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
8. List ALL directors (names and addresses) Check the box to indicate an 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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			CLASS/SERIES		
			100	common	no par value
11. 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.					
Name of Authorized Representative Andrew M. Dickey II, President					Date 3/10/17
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

MAR 20 2017

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