RI SOS Filing Number: 201859085970 Date: 2/23/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

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	2. Exact name of the Corporation
57604	Medco Distributors, Inc.

3. Principal Office Address	City	State	Zip
P.O. Box 20491	Cranston	RI	02920

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
999999	Wholesale and retail distribution and sale of first aid safety supplies.
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Robert G. Del Guidice	14 Edgewood Boulevard	Cranston	RI	02905

Vice-President Name	Street Address	City	State	Zip
Cheryl J. Armstrong	36 Peeptoad Road	Warwick	RI	02888

Secretary Name	Street Address	City	State	Zip
Robert D. Del Guidice	14 Edgewood Boulevard	Cranston	RI	02905

Treasurer Name	Street Address	City	State	Zip
Robert G. Del Guidice	14 Edgewood Boulevard	Cranston	RI	02905

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	Common	$1.00 par

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: Robert G. Del Guidice

Date: 2/21/18

Signature of Authorized Representative: Robert G. Del Guidice SIGN DOCUMENT HERE

FILED

FEB 23 2018

BY_____

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

FORM 630 - Revised: 10/2017