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: 999999	6. Brief description of the character of business conducted in Rhode Island: 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: Robert G. Del Guidice			Vice-President Name: Cheryl J. Armstrong		
Street Address: 14 Edgewood Boulevard			Street Address: 36 Peeptoad Road		
City: Cranston	State: RI	Zip: 02905	City: Warwick	State: RI	Zip: 02888
Secretary Name: Robert D. Del Guidice			Treasurer Name: Robert G. Del Guidice		
Street Address: 14 Edgewood Boulevard			Street Address: 14 Edgewood Boulevard		
City: Cranston	State: RI	Zip: 02905	City: Cranston	State: RI	Zip: 02905

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

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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	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	Date
Robert G. Del Guidice	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