RI SOS Filing Number: 201860402250 Date: 3/16/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2018

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→ 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 nan	2. Exact name of the Corporation									
000101523	Medsou	Medsource,Inc.									
3. Principal Office Address		City	•	State	Zip						
86 Daniel T Church Road		Tiverton		RI	02878						
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island									
423450	Medical Pr	Medical Product Distribution									
5. State of Incorporation		7									
RI	l										
7. List ALL officers (names and	d addresses)		··		k the box to in	dicate an attachment 🔲					
President Name Kevin J Boula	Vice-President Name none										
Street Address 86 Daniel T Chi		Street Address									
City <b>Tiverton</b>	State RI	<sup>Zip</sup> 02878	City	State		Zip					
Secretary Name none	Treasurer Name none										
Street Address	Street Address										
City	State	Zıp	City		State	Zip					
8. List ALL directors (names a	nd addresses)	ı		Chec	k the box to in	idicate an attachment 🔲					
Director Name none	Director Name none										
Street Address	Street Address										
City	State	Zip	City		State	Zip					
Director Name	•	Director Name									
Street Address			Street Addres	s		· · · - · · · - · · ·					
City	State	Zip	City		State	Ζip					
9. Shares Authorized	Shares Authorized		10. Shares Issued		Check the box to indicate an attachment						
This information is currently of	record in the	NUMBER O	F SHARES	CLASS/SER	IES	PAR VALUE					
Department of State.	5000		STK		0.00						
Changes require an additional fi											
11. This report must be execut					poration is in t	he hands of a receiver or					
trustee, this report must be ex- Under penalty of perjury, I de						hadulas and					
statements, and that all state				ncipuling any acco	impanying su	illedales and					
Name of Authorized Represen	Date										
Kevin Boulay	03/14/18										
Signature of Authorized Repre	sentative	SION DO	CHMENT DEDE								
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FILEU											

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 1 6 2018

FORM 630 - Revised: 10/2017