

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - 1	March I 🗶 Filin	g Fee: \$50.00				
(FORM MUST BE TYPED IN BL						
I. Corporate ID No.	2. Name of Corporation					
65508	STAR MEDICA	L, INC.	· 			
3. Street Address Principal Busine	ss Office		City	State	Zip	
375 PUTNAM PIKE			SMITHFIELD	RI	02917	
4. Business Phone No.		5. State of Incorporation			6. SIC Code	
4012319040		RHODE ISLAND			9886	
7. Brief Description of the Character DISTRIBUTION, SALB,			AL EQUIPMENT	,		
8. NAMES AND ADDRESS President Name	ES OF THE OFFICE	ERS ("X" BOX FOR ATTA	ACHMENT) FILL IN SPACE Vice President Name	ES BEFORE USING ATTA	HMENTS	
Manuel P. DaCosta			Joseph E. Kolb			
Street Address			Street Address			
9 Bradford St			. 5 Stonehenge driv	ve Unit 349	1	
City	State	Zip	City	State	Zip	
Johnston	RI	02919	Greenville	RI	02828	
Secretary Name	· · · · · · · · · · ·		Treasurer Name	'		
Manuel P. Dacosta			Joseph E. Kolb		;	
Street Address			*Street Address		·····	
9 Bradford St			.5 Stonehenge Driv	e Unit 349		
City	State	Zip	*City	State	Zip	
Johnston	RI	02919	Greenville	RI	02828	
9. NAMES AND ADDRESS	ES OF THE DIREC	TORS ("X" BOX FOR AT	TACHMENT) FILL IN SPA	CES BEFORE USING ATT	ACHMENTS	
Director Name			Director, Name			
Manuel P. DaCosta			Joseph E. Kolb			
Sirvet Address			-Street Address			
9 Bradford St			5 Stonehenge Drive Unit 349			
City	State	Zip	*Ciry	State	Zip	
Johnston	RI	02919	Greenville	RI	02828	
Director Name	• • • • • • • • •	.,	Director Name		* • • • • • • • • • • •	
			•			
Street Address			·Street Address	··		
			•			
City	State	Zip	.City	State	Zip	
·]	:			
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	ACHMENT) 🔲	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)]	
AUTHORIZED SHARES			ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
600 COMM NO PAR VAL	UF		100	Common	NO PAR VALUE	
	 					
	 					
This report must be signed	l in ink by either t	he President, Vice Pre	esident, Secretary, Assistat	nt Secretary, Treasurer,	Receiver or Trustee	
ia aliai sirai birii i	11)0(10)					
6 5 5 0			Under penalty of periup	y, I declare and affirm that	I have examined	
				y accompanying schedules		
65500 DBC 04/25/05 1	0.02.47 AM	7	and that all statements of	ontained herein are true ar	d correct.	
*65508 DBC 01/25/05 1	U.23.11 AW		- 10	Λ		
File Date 7 - 3 7 - 2	, <u>)</u>		Framel 1 10	2). 400		
5-45	3		Signature of Officer	Date		
Check No. 2 93			MANNE! P. D	IACOSTM		
ای			Print or Type Name of Off	iger		
B <u>y:</u>			PROBLIDENT			
FOR SECRETARY OF STATE (JSE ONLY		Title of Officer		Form 630 12/01	
·		_	• 			

MINUTES OF ANNUAL MEETING OF STOCKHOLDERS AND DIRECTORS OF STAR MEDICAL, INC.

The annual meeting of stockholders and directors of STAR MEDICAL, INC. took place on January 24 2005 at 4:40 PM at 375 Putnam Pike, Smithfield, Rhode Island.

All of the stockholders and directors were present.

The President presided over the meeting and kept the minutes of the meeting.

After a general discussion of the corporation's business for the past year, it was unanimously:

VOTED: That's the acts and doings of the Directors and Officers of the corporation for the past year are hereby ratified, confirmed and approved.

It was noted that the election of Directors was in order, after discussion, it was unanimously:

<u>VOTED:</u> That the following individuals be and hereby are elected to serve as Directors for the coming year, or until their successors are duly elected and qualified.

MANUEL P. DACOSTA and JOSEPH E. KOLB

It was noted that the election of officers was in order. After discussion, it was unanimously:

VOTED: The following individuals be and hereby are elected to serve as Officers of the corporation for the coming year, or until their successors are duly elected and qualified.

PRESIDENT: MANUEL P. DACOSTA
VICE PRESIDENT: JOSEPH E. KOLB
SECRETARY: MANUEL P. DACOSTA
TREASURER: JOSEPH E. KOLB

It was noted that the annual report to the Secretary of State for the State of Rhode Island was due to be filed, and after discussion it was unanimously:

VOTED: That the Registered Agent for the corporation be and hereby is authorized and directed to file such report with the Secretary of State, in accordance with the minutes of the

meetings of directors and stockholders held this date, and that a copy of said report, when prepared, shall be appended to the minutes of this meeting.

There being no further business to come before said meeting, it was unanimously,

VOTED: To adjourn.

MANUAL P. DACOSTA

PRESIDENT

A true copy attest:

MANUEL P. DACOSTA

SECRETARY

WAIVER OF NOTICE

OF THE ANNUAL MEETING OF STOCKHOLDERS AND DIRECTORS OF STAR MEDICAL, INC.

We the undersigned, being all of the stockholders and directors of STAR MEDICAL, INC. hereby consent that the annual meeting of stockholders and directors of the corporation shall be held on the date, time, and at the place stated below:

DATE:

January 24, 2005

TIME:

4:40 PM

PLACE:

375 Putnam Pike, Smithfield, RI 02917

We hereby waive all other and further notice of said meeting.

MANUEĽ P. DACOSTA

OSEPA E. KOLB

A true copy attest:

MANUEL P.DACOSTA

SECRETARY



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

	•	0004
	ANNUAL DEPODT FOR THE VEAR	2004
PROFIT CORPORATION	ANNUAL REPORT FOR THE YEAR	

Filing Period: January FORM MUST BE TYPED O	1 - March 1 • F	Filing Fee: \$50.00			
1. Corporate ID No.	2. Name of Corpor	ration			
65508	STAR MEDI	CAL, INC			7/0
3 Street Address Principal Bi			City	State RI	<i>Σίρ</i> 02917
375 Putnam E	?ike		Smithfield		6. SIC Code
. Business Phone No.		5. State of Incorporat	lon		
(401) 231-90		RHODE ISLAI	ND		9886
Brief Description of the Ch DISTRIBUTION, S	nameter of Business Conducte ALE, HANDLING AND S	ed in Rhode Island SERVICING OF MEDICAL	. EQUIPMENT		
. NAMES AND ADDR	ESSES OF THE OFFIC	ERS: ("X" BOX FOR A		SPACES BEFORE USING A	TTACHMENTS
resident Name			Vice President Name		
MANUEL P. D	aCOSTA	_	JOSEPH KOLB		
Street Address			Street Address		q
9 Bradford	Street		23 STONE HENTE	DRIVE UNIT 34	1 7/2
City	State	Ζίρ	City	State	Zip 02828
Johnston	RI	02919	GREENVIllE	R.L	
Secretary Name	d	•••••	Treasurer Name		
MANUEL P. D	aCOSTA		JOSEPH KOLB		
Sircei Address	<u></u>		Sireel Address	<u>.</u>	•
9 Bradford	Street		5 STONEHENGE	Deive UNIT 349	
City	State	Zip	City	State	Z(p
•	RI	02919	GREENVILLE	RI	85850
9 NAMES AND ADD	RESSES OF THE DIRE	CTORS: ("X" BOX FO	RATTACHMENT) FILL	IN SPACES BEFORE USING	ATTACHMENTS
Director Name			Director Name		
MANUEL P. D	aCOSTA		JOSEPH KOLB		
Street Address	-accorn		Street Address		
9 Bradford	Ctroat		5 5 TONE HONE	State	349
	State	Zip	City	State	Zip a = 0
City	RI	02919	GREENVILLE	RI	02828
Johnston	LKI		Director Name	***************************************	
Director Name			•		
			Street Address		
Street Address			•		
City	State	Zip	City	State	Zip
City					
A CHARES AUTHO	RIZED ("X" BOX FO	RATTACHMENT)	il. Shares issued	("X" BOX FOR ATTACH	MENT) 🗌
	KIZED (A BOX PO	K ATTACHMENT	ISSUED SHARES	·	
AUTHORIZED SHARES	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
Number of Shares	Citasy series	7 th value			
600 COMM NO PAR	VALUE		100	COMMON	NO PAR VALUI
BUU COMMINO PAR					
L				Transper I	Paceiver or Trustee
This report (must be signed in ink !	by either the President,	Vice President, Secretary, Ass	istant Secretary, Treasurer, r	ACCUACI OF TERMOS
	THE REPORT CHAIN CHAIN CHAIN TO BE	i 10() 10 ()			_
			Under penalty of	f perjury, I declare and affirm th	at I have examined this re
			including any ac	companying schedules and state	ements, and that all stater
	-*-6->->-U-	* *	contained herein	are true and correct.	
1	2.2.54		m	Ph L) Cost	02/17/04
File Date	7.00 AM		Signature of Office	J	Date
	50110		-		
Check No	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		MANUEL P.		
1 -	UV		Print or Type Na.		
Ву:			PRESIDENT	Γ	
FOR SECRET	ARY OF STATE USE ONLY		Title of Officer		
			Time of Officer		Form 630 Rev. 12/0

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2003 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Illing	Perlod:	January	I-March I	•	Filing	Fcc:	\$50.00
--------	---------	---------	-----------	---	--------	------	---------

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

65508

3.	Street	Address	Principa

4. Business Phone No.

STAR MEDICAL, INC.

ipai Business Office

Cltv

State

State

Z.ip

375 Puntam Pike

5. State of Incorporation

RI

02917 6. SIC Code

(401) 231-9040

RHODE ISLAND

9886

7. Brief Description of the Character of Business Conducted in Rhode Island

Distribution, sale, handling and servicing of medical equipment and any other lawful purpose 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name

President Name

MANUEL P. DaCOSTA

Street Address

JOSEPH KOLB

Smithfield

Street Address

9 Bradford Street City

210

Johnston Secretary Name

RI

02919

Johnston Treasurer Name

RI

02919

MANUEL P. DaCOSTA

9 Bradford Street

Street Address

JOSEPH KOLB

Street Address

City

108 Putnam Avenue State

108 Putnam Avenue

Zto

Cltv Johnston

State

02919

Johnston

02919

RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name

Director Name

MANUEL P. DaCOSTA

Street Address

JOSEPH KOLB

Street Address

Bradford Street

State

Zip

Zie

108 Putnam Avenue

Zip

Johnston Director Name

.RI..

02919

Johnston, .

RI..

02919. . .

City

City

Director Name

Street Address

State

Zip

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Street Address

Number of Shares

Class/Series

600 COMM NO PAR VALUE

100

Common

No par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

MANUEL P. DaCOSTA

Print or Type Name of Officer

Title of Officer

PRESIDENT

Form 630 12/02

02/18/03

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

Zip

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

iling Period: January 1–March 1	•	Filing Fee: \$50.00	
---------------------------------	---	---------------------	--

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

65508

STAR MEDICAL, INC.

3. Street Address Principal Business Office City State 375 Putnam Pike Smithfield RI 4. Rusiness Phone No. 5. State of incorporation

02917 6. SIC Code

(401) 231-9040

RHODE ISLAND

9886

7. Brief Description of the Character of Business Conducted in Rhode Island

Distribution, sale, handling and servicing of medical equipment and any other lawful purpose 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name

MANUEL P. DaCOSTA Street Address

JOSEPH KOLB

Street Address

City

9 Bradford Street

MANUEL P. DaCOSTA

Johnston, ...

State

108 Putnam Avenue

02919_ RI

Johnston

RI 02919.

ZIp

Treasurer Name

JOSEPH KOLB

Street Address

9 Bradford Street

108 Putnam Avenue

Johnston

RI

02919

Johnston

JOSEPH KOLB

RI

02919

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Secretary Name

Street Address

City

City

MANUEL P. DaCOSTA

Bradford Street

Street Address

State

Street Address

City

Director Name

108 Putnam Avenue

ZIP

Johnston Director Name

RI

02919

Johnston

..., RI

02919

Director Name

Street Address

Street Address

ZIp

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Check No.:

Class/Series

Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Par Value

Number of Shares

ISSUED SHARES

Class/Series

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

600 COMM NO PAR VALUE

100

Common

No par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



that all statements contained herein are true and correct.

MANUEL P. DaCOSTA

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Officer PRESIDENT

Title of Officer S ≤ 1

Form 630 12/01

Corporations Division 100 North Main Street, Providence, Rt 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

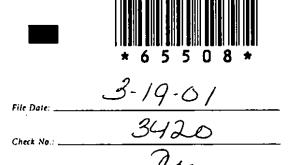
Filing Period: January 1-March 3 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 65508 2. Name of Corporation
STAR MEDICAL INC.

65508	STAR MEDICAL	, INC.			
. Street Address Principal Business Of	fice .		City	State	Zip
375 Putnam Pike Business Phone No. (401) 231-9040		5. State of Incorporation RHODE ISLAND	Smithfield	RI	02917 6. 9886
Brief Description of the Character of Distribution, sale			medical equipment a	nd any other law	vful purpose
B. NAMES AND ADDRESSE resident Name	S OF THE OFFICERS	S (*X* BOX FOR ATTACHA	(ENT) FILL IN SPACES BEF Vice President Name	ORE USING ATTACHMI	ENTS
MANUEL P. DaCOSTA			JOSEPH KOLB Street Address		
9 Bradford Street	State	Zip	108 Putnam Avenue	State	Zip
Johnston ecretary Name	RI	02919	Johnston Treasurer Name	RI	02919
MANUEL P. DaCOSTA			JOSEPH KOLB		
9 Bradford Street	State	Zip	108 Putnam Avenue	State	Zip .
Johnston D. NAMES AND ADDRESSE Director Name	RI S OF THE DIRECTO	02919 DRS ("x" BOX FOR ATTAC	Johnston HMENT) FILL IN SPACES BE Director Name	RI EFORE USING ATTÄCH	02919 MENTS
MANUEL P. DaCOSTA			JOSEPH KOLB Street Address		1 7
9 Bradford Street	State	Zip	108 Putnam Avenue	,State	Zip ž
Johnston Director Name	RI	02919	Johnston	RI	02919
itreet Address			Street Address		
City	State	Zip	City	State	Zip
IO. SHARES AUTHORIZED	(*X* BOX FOR ATTACHM	ENT)	11. SHARES ISSUED (*X* B	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAR CO	OMMON .		100	Common	No par value
				÷	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Under penalty of perjury, I declare and affirm that I have examined

munus J.D. Cost Signature of Officer	02/20/01
Signature of Officel	Date
MANUEL P. DaCOSTA	

- ;	IMMODD I. DACOSTI
	Print or Type Name of Officer
	• • • • • • • • • • • • • • • • • • • •

PRESIDENT

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

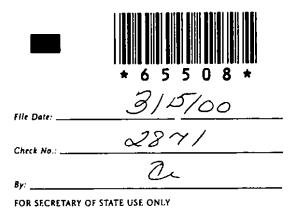
65508

STAR MEDICAL, INC.

City Zip State 3. Street Address Principal Business Office 02917 Smithfield RΙ 375 Putnam Pike 4. Business Phone No. 6. SIC Code 5. State of Incorporation 9886 RHODE ISLAND (401) 231-9040
7. Brief Description of the Character of Business Conducted in Rhode Island

Distribution, 8. NAMES AND ADDR President Name			of medical equipme ACHMENT) FILLIN SPACE: Vice President Name	nt and any other S BEFORE USING ATTA	r lawful purpose CHMENTS
MANUEL P. DAC	OSTA		JOSEPH KOLB Street Address	•	
9 Bradford St	reet		108 Putnam Ave	nue	
City	State	Zip	City	State	Zip
Johnston Secretary Name	. RI	02919	Johnston Treasurer Name	RI	02919
MANUEL P. DAC	OSTA		JOSEPH KOLB Street Address		
9 Bradford St	reet		108 Putnam Ave	enue	
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
9. NAMES AND ADDI	•	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPACE Director Name JOSEPH KOLB	CES BEFORE USING ATT	ACHMENTS
MANUEL P. DAC			Street Address		
9 Bradford St			108 Putnam Ave		714
Johnston Director Name	State I RI	zip 02919	City Johnston Director Name	State RI	02919
. Street Address			Street Address		
City	State	Ζίρ	City	· State	Zip
10. SHARES AUTHOR	IZED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	T)
· Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAI	COMMON		100	COMMON	NO PAR VALU

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Signature of Office

MANUEL P. DACOSTA

Print or Type Name of Officer

PRESIDENT

Title of Officer

02/15/00



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January I-March 1 • Filing Fee: \$50.00

STOP	ì
PLEASE READ	ı
INSTRUCTIONS	J
	•

1. Corp	orate ID No.	2. Name of Corpord				
- <u></u>	65508	l	TOAL, IIIO	City	State	Zip
J. Stree	Address Principal Busine			Smithfield	RI	02917
- <u>-</u>	375 Putnam P	1 K E	5. State of Incorporati	1		6. SIC Code
4. Busi	ness Phone No.	, 0	RHODE ISLA		•	9886
	(401) 231-90		* * * * * * * * * * * * * * * * * * * *	····		
7. Briej	Description of the Charac	ter of Business Conducted	In Knode Island 1 1 1	ng of medical equipme	nt and any oth	er lawful nurnos
	Distribution	, sale, handl	ing and servicing	ng of medical edulpme	Entrant and any other	TOWNER PERPOS
		SSES OF THE OFF	ICERS ("X" BOX FOR ATT	ACHMENT) TILL IN SPACES B	EFORE USING ATTAC	HMENIS
Preside	nt Name			Vice President Name JOSEPH KOLB		
	MANUEL P. DA	COSTA				
Street				Street Address		
	5 Bradford S	treet		, 108 PútnamyAy		1
City		State	Zip	City	State	020103
	Johnston	RI	02919	Johnston:	RI	02919?
Secretary Name			Treasurer Name			
MANUEL P. DACOSTA			JOSEPH KOLB			
Street Address			Street Address			
5_Bradford_Street			108 PütnamvAs	zenue -		
City		State	Zip	City	State	. Zip
	Johnston	RI	02919	Johnston:	RI	02919
9. N.	AMES AND ADDRI		ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPACE	BEFORE USING ATTA	CHMENTS
Directo	or Name	·		Director Name		•
	MANUEL P. DA	COSTA		JOSEPH KOLB	•	•
Street	Address			Street Address		3
	5 Bradford S	treet		108 PutnamyA	venue	***
City		State	Zip	City	State	Zip . s
	Johnston	RI	02919	Johnston (RI	02919
Directi	or Name			Director Name	• • • • • • • • • • • • • • • •	, , . , b
				. :		
Street	Address			: Street Address		
				}		
City	·- 	State	Zip	: Ciry	State	Zip
,		•				
10 8	HARES ALITHOPIS	ZED (*x* BOX FOR AT	TACHMENT)	11. SHARES ISSUED (*)	X*.BOX FOR ATTACHMENT) (
	ORIZED SHARES	SED TA BOATORAI		ISSUED SHARES		
	er of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Volue
	r. Al march	0.000,000.00			 	No par value
60	O SHS NO PAR	COMMON		100	Common	I no har varu
			·			
		•	_	ł ·	f	
	•		•	ì		

	* 6 5 5 0 8 *
File Date:	108 8199
Check No.:	1492
Ву:	
FOR SECRETARY	OF STATE USE ONLY

- 1 (\$10)70 | OLIO | SILO | OLIO | 1000 | 1001 | 1001

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.

Signature of Officer Date Date

MANUEL P. DACOSTA

Print or Type Name of Officer

PRESIDENT



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-Murch 1 • Filing Fee: \$50.00

CODIA	MILICT	96	TYPED	111	DIACUI	١.
LOW	MUSE	BŁ	1 T L L L L	10	DLALK	,

1. Corporate ID No.

Number of Shares

600 SHS NO PAR COMMON

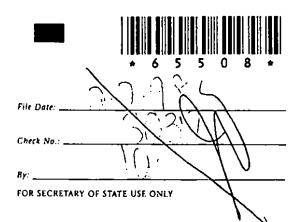
2. Name of Corporation

65508	STAR MEDIC	CAL, INC.			
3. Street Address Principal Business	s Office	•	Clry	State	Zip
375 Putnam Piko 4. Business Phone No.	e	5. State of Incorporation	Smithfield	RI	02917 6. SIC Code
(401) 231-9040 7. Brief Description of the Characte	er of Business Conducted in	RHODE ISLAN Rhode Island	D		9886
8. NAMES AND ADDRES President Name	SSES OF THE OFFI	-	Vice President Name	t and any oth	er lawful purpose
MANUEL P. DACO	STA		JOSEPH KOLB Street Address		•
5 Bradford Str	eet State	Zip	179 Rice Stre	et State	Zip
Johnston . Secretary Name	RI	02919	Pawtucket Treasurer Name	. RI	
MANUEL P. DACO Street Address			JOSEPH KOLB Street Address		
5 Bradford Str	eet State	Zip	179 Rice Stre	E C State	Zip
Johnston	RI	02919	Pawtucket	RI	
9. NAMES AND ADDRES Director Name MANUEL P. DACO Street Address		CTORS (*X* BOX FOR ATT	ACHMENT) Director Name JOSEPH KOLB Street Address		·
5 Bradford Str	eet		179 Rice Stre	et	
Johnston Director Name	State RI	zip 02919	City Pawtucket Director Name	State RI	Zip
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D (*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*X	BOX FOR ATTACHME	ידא)

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Number of Shares

100



Class/Series

Par Value

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.

Class/Series

Common

Par Value

No par value

02/17/98
ate

PRESIDENT



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUS	T BE TYPEI	D IN BLACK
----------	------------	------------

1. Corporate ID No.

65508

2. Name of Corporation
STAR MEDICAL, INC.



3. Street Address Principal Business O	Office		· City	State	Zip
375 Putnam Pike 4. Business Phone No.		5. State of Incorporat		- RI	02917 6. SIC Code
(401) 231-9040		RHODE IS	LAND		9886
Z Brief Description of the Character of Distribution, sale	of Rusiness Cop , nandli	ducted in Rhode Island ng and servicing o	f medical equipment	t and any other	lawful purpose
8. NAMES AND ADDRESS President Name	ES OF THE	OFFICERS (*X* BOX FOR AT	TACHMENT)	·	•
MANUEL P. DACOSTA Street Address			JOSEPH KOLB Street Address	. •	
5 Bradford Street	State	Zip	: 179 Rice Str	State	† Zip
Johnston	RI	02919	Pawtucket Treasurer Name	RI	· · · · · · · · · · · · · · · · · · ·
MANUEL P. DACOSTA Street Address			JOSEPH KOLB Street Address		
5 Bradford Street	State	Zip	179 Rice Str	eet State	' Zip -
Johnston 9. NAMES AND ADDRESS Director Name	RI es of the	02919 E DIRECTORS ("x" BOX FOR	Pawtucket ATTACHMENT) (Director Name	RI	
MANUEL P. DACOSTA Street Address			JOSEPH KOLB		
5 Bradford Street	State	_{Zip}	. 179 Rice Str	eet	
Johnston Director Name	RI		Pawtucket Director Name	RI	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	AND ISS	UED ("X" BOX FOR ATTACHME	VT) (<u>.</u> -	
Number of Shares	Class/Series	s Par Value	Number of Shares	Class/Serles	Par Value
600 SHS NO PAR CO	OMMON		100	COMMON	NO PAR VALUE
			• •		t
· -		· -			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 6 5 5 0 8 *
	1/13/97
ile Date:	11701
Check No.:	2582
Jy:	Continue
· -	OF STATE USE ONLY

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.

Manuel P. Dalosta 02/18/97
Signature of Officer Date

MANUEL P. DACOSTA

Print or Type Name of Officer

PRESIDENT

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division

100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

	2. NAME OF CORPORATION	PLEASE TYPE OR	PRINT IN BLACK INK.		· · · · · · · · · · · · · · · · · · ·
	2. NAME OF CORPURATION	CTAD N	IEDICAL INC		
65508 3. street adoress principal business office	<u>'</u>	SIAK M	IEDICAL, INC.	STATE	ZIP COOE
375 Putnam Pike			Smithfield	RI	02917
BUSINESS PHONE NO.		5. STATE OF ENCORPORATION			6. SIC COOF
(401) 231-9040		RHODE ISLA	IND		9886
	มพิธรร ช่วงพิษัตร์ ยัง พิษัตร์ เริ่ม le, handling	and servicing	of medical equipme	nt and any oth	ner
lawful purpose		LES AND ADDO	ESSES OF THE OF	FICERS	
PRESIDENT NAME			VICE PRESIDENT NAME		<u> </u>
MANUEL P. DACOST	A		JOSEPH KOLB		ļ
STREET ADDRESS			, STREET ADDRESS		
5 Bradford Stree			179 Rice Stree		i i
DÎY	STATE	ZP COOE	alv	STATE	ZP COOE
Johnston SECRETARY HAME	RI		Pawtucket TREASURER HAME	RI	
•	•		JOSEPH KOLB		į
MANUEL P. DACOST	<u>A</u>		STREET ADDRESS		
5 Bradford Stree	+		179 Rice Stree	t	
Diadioid Sties	STATE	72° CXXX	aly	SIATE	20 €
Johnston	RI		Pawtucket	RI	!
	سبب ه ۱۰۰۰ مار د	AES AND ADDR		RECTORS	ء <u>سم</u> ر دور مسوست <u>مسیم سی است. است. است. ا</u>
DIRECTOR NAME			DIRECTOR NAME		
MANUEL P. DACOST	A		JOSEPH KOLB		
STREET ADDRESS			STREET AODRESS		
5 Bradford Stree			179 Rice Stree		
αfy	STATE	2)P COOE	aly	STATE	2P C000€
Johnston	RI		Pawtucket DERECTOR NAME	RI	
DIRECTOR NAME			, must be considered to the constant of the co		
STREET ADDRESS			STREET ADORESS		
SINCE POOR CO					
air	STATE	ZIP CODE	CTY	STATE	ZIP CODE
•			1		
	1 Q . S H	ARES AUTHOR	IZED AND ISSUED		
• • • • • • • • • • • • • • • • • • • •	AUTHORIZED SHARES	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ISSUED SHARES	<u>.</u>
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	MUMBER OF SHARES	CLASS / SERIES	PAR YALUE
			T		
600 SHS NO PAR C	OMMON		<u>100</u>	COMMON	NO PAR VALUE
					Ţ
				_l	
	This	report must be SI	GNED IN INK by either th	ne	
Presid	dent, Vice Preside	ent, Secretary, Assi	stant Secretary, Treasurer	r, Receiver or Trust	ee
			1 Index nenalty o	of nerium I declare and	d affirm that I have examined this
			report, including	any accompanying so	thedules and statements, and that
1 -				ontained herein are tru	
2/11/91	a a		Manue	1.D.Co.	4
~ 110 97	71 A V/11 /			_ 	

File Date: 3/11/96
Check No: 2204

By:

For Secretary of State Use Only

MANUEL P. DACOSTA
Print or Type Name of Officer

Signature of Officer

Title of Officer

PRESIDENT

02/20/96 Date

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually - Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0065508		Annual Report for the ye	ar:	
	INC.	•		
Business entity organized under the laws of the State of:	RI	Business Entity is (check one):		
For foreign entity, address and telephone number of principal	ai office:		ation (See RIGL Chapter 7-1.	1)
N/A		[] Professional Serv	rice Corporation (See RIGL C	Chapter 7-5.1)
•		Brief statement of the	character of business conduct	ed in Rhode Island:
Phone: ()			, sale, handling,	
Address and telephone of the principal office of business en	tity in Rhode	medical equip	oment and any othe	<u>r lawful purpos</u>
Island (Provide street address - Not P.O. Box): 275B Putnam Pike				·····
Smithfield, RI 02917				
Phone: (401) 231-9040				
T	HE NAMES OF T	HE OFFICERS ARE:		
PRESIDENT	STREET AD	DRESS	CITY/STATE	ZIP CODE
MANUEL P. DACOSTA 5	Bradford Stre	et, Johnston, RI	CITY/STATE	ZIP CODE
		, Pawtucket, RI	CHRISINE	ZIF CODE
SECRETARY 17	STREET AD		CITY/STATE	ZIP CODE
MANUEL P. DACOSTA 5	Bradford Stre	et, Johnston, RI		
TREASURER	STREET AD		CITY/STATE	ZIP CODE
		, Pawtucket, RI	<u> </u>	
NAME	IE NAMES OF TH STREET AD	HE DIRECTORS ARE:	CITY/STATE	ZIP CODE
MANUEL P. DACOSTA 5	Bradford Stre	et, Johnston, RI		
NAME	STREET AD		CITY/STATE	7JP CODE
		, Pawtucket, RI		
NAME	STREET AD	DRESS	CITY/STATE	ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attache	·d)	NUMBER OF SHARES ISS	UED AND OUTSTANDING (R	ider may be attached)
Number of Shares — Class / Series		Number of Shares	Class / Series	
600 Common/No Par	Value	100 Issued	Common/No Par	Value
Date February 21, 95		ranul P. Da a	osti	
	MANUE	L P. DACOSTA		
Form 31 1/95	TITLE OF O	YEE NAME OF OFFICER SIGNING DENT FFICER SIGNING		
DESIGNATED R	REGISTERED AG	ENT FOR SERVICE OF	PROCESS:	

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

JOSEPH A. LAMAGNA 50 SUMMIT STREET

PANTUCKET RI 02860

FILED APR 2 5 1995

By 9/1722

Filing Fee \$50.00 Payable to: Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations Office of The Secretary of State

File Annually LLC: Sept. I - Nov. L : CORP: Jan. I - March 1

100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

Corporate ID: 0065508		Annual Report for the	e year:1994	
Name of Business Entity: STAR	MEDICAL,	INC.		
Business entity organized under the laws of the State of:	RI ince:	Business Entity is [X] Busine [] Profes [] Limite Name, title and maccommunications in Joseph A. [50 Summit Pawtucket, (401) 724-1 Brief statement of Distribution	ess Corporation (See RIGL Chapter 7-1.1) ssional Service Corporation (See RIGL Chapter de Liability Company (See RIGL 7-16) sailing address of contact person to whom hay be directed Lamagna, Registered Agent Street Rhode Island 02860 6770 the character of business conducted in Rhodon, sale, handling & servicing	e Island:
Date of Organizat			uipment and any other lawful ion: August 27, 1991 ion to do business in Rhode Island (if foreign	
CHIEF EXECUTIVE OFFICER OR MESIDENT (Chief Own Manuel P. DaCosta CHIEF OFFICER OR VICE PRESIDENT (Chief Own Joseph Kolb CUSTODIAN OF RECORDS OR STARTY (Chief Own Manuel P. DaCosta CHIEF ITNANCIAL OFFICER OR TREASURER (Chief Own Joseph Kolb	5 Bradfor STREET AD 179 Rice STREET AD 5 Bradfor STREET AD 179 Rice	d Street Street MESS d Street MESS Street BE DIRECTORS AR DRESS d Street DRESS Street	Johnston, Rhode Island CHYSTATE Pawtucket, Rhode Island CHYSTATE Johnston, Rhode Island CHYSTATE Johnston, Rhode Island CHYSTATE Johnston, Rhode Island CHYSTATE Johnston, Rhode Island CHYSTATE Pawtucket, Rhode Island CHYSTATE	ZIP CODE ZIP CODE ZIP CODE ZIP CODE ZIP CODE ZIP CODE
NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHAR	ES ISSUED AND OUTSTANDING (If App	olicable)
NUMBER 600 CLASS Common SERIES		NUMBER CLASS SERIES	100 issued Common	
PAR VALUE OR No par value WITHOUT PAR Date February 15, 19 94		PAR VALUE OR WITHOUT PAR	No par value	
DatePeditary 15,1994	Mann FRINT OR T PRE	UEL P. DACOSTA VELGANEOR OFFICER SIGNIS SIDENT FFICER SIGNIS		

PLEASE NOTE. If the Corporation has changed its registered office and/or registered or resident agent. Form 9 or Form LLC 3 must be filled.

FILED
DEC 1.5 1994

By_00

Form 31 1/85

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION PROVIDENCE, RHODE ISLAND 02903

ŗΩŶ	
Mr 1	

Corporate ID 006	5509	Annual Report for th	ne year 1993	
FIRST: The name of the corporation is STAR MEDICAL, INC.				
Second: It is incorpo	orated under the laws of	Rhode Island		
THIRD: Character of	business, briefly stated, is!	he distribution, sale,	handling and servicing of	
all types of medical e	equipment and supplies	and any other lawful p	ourpose	
FOURTH: If foreign co	orporation, address of its pri	incipal office ^{N/A}		
Fifth: Business addre	ess in Rhode Island ⁵⁰	Summit Street, Pawtucke	et, RI 02860	
SIXTH: Names and ad	Idresses of its directors and		(Attach rider if necessary)	
John A. Daley	Director	10 Daley Court, Pawtu	icket, Rhode Island	
Manuel P. DaCosta	Director	5 Bradford Street, Johnston, Rhode Island		
	Director			
John A. Daley	President	10 Daley Court, Pawty	icket, Rhode Island	
Manuel P. DaCosta	Vice Presider	nt 5 Bradford Street, Jo	hnston, Rhode Island	
John A. Daley	Secretary	10 Daley Court, Pawtt	icket, Rhode Island	
Manuel P. DaCosta	Treasurer	5 Bradford Street, Jo	hnston, Rhode Island	
SEVENTH: Number of	Shares authorized:		Par Value or statement that shares are without	
No. of Shares	Class	Series	par value	
600 Eighth: Number of S	Common Shares issued:		No par value For Value or statement that For Value shares are without	
No. of Shares	Class	Series	par value	
100	Common		No par value	
Dated February 16	B	Y John A. Daley, Press	J. Julia Sident	

To be filed annually between January 1st and March 1st

390 J State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0085508		Annual Report for the year 1990		
FIRST: The name of	of the corporation is	STAR MEDICAL, IN	<u>10</u>	
		Rhode Island		
all types of medical	equipment and suppli	esand.anyotherlawfulpu	rpose	
FOURTH: If foreign	corporation, address of its	principal officeN/A		
Fifth: Business ad	dress in Rhode Island	50 Summit Street, Pawtucke		
SIXTH: Names and	addresses of its directors a		(Attach rider if necessary) umber, street, zip code)	
John A. Daley	Director	10 Daley Court, Pawtu	cket, Rhode Island	
Manuel P. DaCosta	Director	5 Bradford Street, Jo	5 Bradford Street, Johnston, Rhode Island	
	Director			
John A. Daley	President	10 Daley Court, Pawtu	10 Daley Court, Pawtucket, Rhode Island	
Manuel P. DaCosta	Vice Presi	ice President 5 Bradford Street, Johnston, Rhode Island		
John A. Daley	Secretary	10 Daley Court, Pawtu	cket, Rhode Island	
Manuel P. DaCosta	Treasurer	5 Bradford Street, Johnston, Rhode Island		
SEVENTH: Number No of Shares 600	of Shares authorized: Class Common	Series PAID	Par Value or statement that shares are without par value No Par Value	
EIGHTH: Number of Shares	of Shares issued:	MAR 2 7 1902 SECY OF COS	Par Value or statement that shares are without par value	
100	Common		No Par Value	
Dated 2	19 92	STAR MEDICAL INC. (Name of Corporation)	Les Ministrations	