



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 65508		2. Name of Corporation STAR MEDICAL, INC.			
3. Street Address Principal Business Office 375 PUTNAM PIKE			City SMITHFIELD	State RI	Zip 02917
4. Business Phone No. 4012319040		5. State of Incorporation RHODE ISLAND			6. SIC Code 9886
7. Brief Description of the Character of Business Conducted in Rhode Island DISTRIBUTION, SALE, HANDLING AND SERVICING OF MEDICAL EQUIPMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Manuel P. DaCosta			Vice President Name Joseph E. Kolb		
Street Address 9 Bradford St			Street Address 5 Stonehenge drive Unit 349		
City Johnston	State RI	Zip 02919	City Greenville	State RI	Zip 02828
Secretary Name Manuel P. Dacosta			Treasurer Name Joseph E. Kolb		
Street Address 9 Bradford St			Street Address 5 Stonehenge Drive Unit 349		
City Johnston	State RI	Zip 02919	City Greenville	State RI	Zip 02828
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Manuel P. DaCosta			Director Name Joseph E. Kolb		
Street Address 9 Bradford St			Street Address 5 Stonehenge Drive Unit 349		
City Johnston	State RI	Zip 02919	City Greenville	State RI	Zip 02828
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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



6 5 5 0 8

65508 DBC 01/25/05 10:23:17 AM

File Date 1-31-05

Check No. 5459

By: [Signature]

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.

Manuel P. D. Costa
Signature of Officer Date

MANUEL P. DACOSTA
Print or Type Name of Officer

PRESIDENT
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:

VOTED: 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

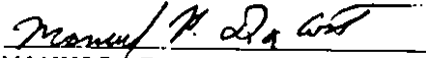
It was noted that the annual report to the Secretary of State for the State of Rhode Island was due to be filed, and after discussion it was unanimously:

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.



MANUEL 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:

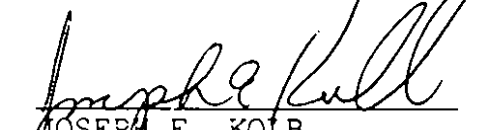
DATE: January 24, 2005

TIME: 4:40 PM

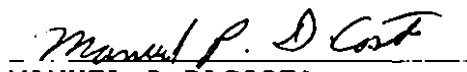
PLACE: 375 Putnam Pike, Smithfield, RI 02917

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


MANUEL P. DACOSTA


JOSEPH 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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 65508		2. Name of Corporation STAR MEDICAL, INC.		
3. Street Address Principal Business Office 375 Putnam Pike		City Smithfield	State RI	Zip 02917
4. Business Phone No. (401) 231-9040		5. State of Incorporation RHODE ISLAND		6. SIC Code 9886
7. Brief Description of the Character of Business Conducted in Rhode Island DISTRIBUTION, SALE, HANDLING AND SERVICING OF MEDICAL EQUIPMENT				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name MANUEL P. DaCOSTA		Vice President Name JOSEPH KOLB		
Street Address 9 Bradford Street		Street Address 5 STONEHEDGE DRIVE UNIT 349		
City Johnston	State RI	Zip 02919	City GREENVILLE	State RI
Secretary Name MANUEL P. DaCOSTA		Treasurer Name JOSEPH KOLB		
Street Address 9 Bradford Street		Street Address 5 STONEHEDGE DRIVE UNIT 349		
City Johnston	State RI	Zip 02919	City GREENVILLE	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name MANUEL P. DaCOSTA		Director Name JOSEPH KOLB		
Street Address 9 Bradford Street		Street Address 5 STONEHEDGE DRIVE UNIT 349		
City Johnston	State RI	Zip 02919	City GREENVILLE	State RI
Director Name MANUEL P. DaCOSTA		Director Name JOSEPH KOLB		
Street Address 9 Bradford Street		Street Address 5 STONEHEDGE DRIVE UNIT 349		
City Johnston	State RI	Zip 02919	City GREENVILLE	State RI
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	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



* 6 5 5 0 8 *

File Date	3.2.04
Check No.	5276
By:	UP
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.

Manuel P. DaCosta 02/17/04
Signature of Officer Date
MANUEL P. DaCOSTA
Print or Type Name of Officer
PRESIDENT
Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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

3. Street Address Principal Business Office **375 Puntam Pike** City **Smithfield** State **RI** Zip **02917**
4. Business Phone No. **(401) 231-9040** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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 MANUEL P. DaCOSTA Street Address 9 Bradford Street City Johnston State RI Zip 02919	Vice President Name JOSEPH KOLB Street Address 108 Putnam Avenue City Johnston State RI Zip 02919
---	--

Secretary Name MANUEL P. DaCOSTA Street Address 9 Bradford Street City Johnston State RI Zip 02919	Treasurer Name JOSEPH KOLB Street Address 108 Putnam Avenue City Johnston State RI Zip 02919
---	---

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

Director Name MANUEL P. DaCOSTA Street Address 9 Bradford Street City Johnston State RI Zip 02919	Director Name JOSEPH KOLB Street Address 108 Putnam Avenue City Johnston State RI Zip 02919
--	--

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE		

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

ISSUED SHARES		
Number of Shares	Class/Series	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



* 6 5 5 0 8 *

File Date: 2.26.03

Check No.: 4550

By: ICP

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 Date 02/18/03

MANUEL P. DaCOSTA

Print or Type Name of Officer

PRESIDENT

Title of Officer

3

Form 630 12/02



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

65508

2. Name of Corporation

STAR MEDICAL, INC.

3. Street Address Principal Business Office

375 Putnam Pike

City

Smithfield

State

RI

Zip

02917

4. Business Phone No.

(401) 231-9040

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

MANUEL P. DaCOSTA

Street Address

9 Bradford Street

City

State

Johnston,

RI

Zip

02919

Secretary Name

MANUEL P. DaCOSTA

Street Address

9 Bradford Street

City

State

Johnston

RI

Zip

02919

Vice President Name

JOSEPH KOLB

Street Address

108 Putnam Avenue

City

State

Johnston

RI

Zip

02919

Treasurer Name

JOSEPH KOLB

Street Address

108 Putnam Avenue

City

State

Johnston

RI

Zip

02919

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

Director Name

MANUEL P. DaCOSTA

Street Address

9 Bradford Street

City

State

Johnston

RI

Zip

02919

Director Name

JOSEPH KOLB

Street Address

108 Putnam Avenue

City

State

Johnston

RI

Zip

02919

Director Name

Street Address

City

State

Zip

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

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



* 6 5 5 0 8 *

File Date: 3-12-02

Check No.: 4430

By: IC MC

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.

Manuel P. DaCosta 02/19/02
Signature of Officer Date

MANUEL P. DaCOSTA

Print or Type Name of Officer

PRESIDENT

Title of Officer

5

Form 630 12/01



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

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

3. Street Address Principal Business Office
375 Putnam Pike
City **Smithfield** State **RI** Zip **02917**
4. Business Phone No. **(401) 231-9040** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8886**

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 MANUEL P. DaCOSTA Street Address 9 Bradford Street City Johnston State RI Zip 02919 Secretary Name MANUEL P. DaCOSTA Street Address 9 Bradford Street City Johnston State RI Zip 02919	Vice President Name JOSEPH KOLB Street Address 108 Putnam Avenue City Johnston State RI Zip 02919 Treasurer Name JOSEPH KOLB Street Address 108 Putnam Avenue City Johnston State RI Zip 02919
--	---

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

Director Name MANUEL P. DaCOSTA Street Address 9 Bradford Street City Johnston State RI Zip 02919 Director Name MANUEL P. DaCOSTA Street Address 9 Bradford Street City Johnston State RI Zip 02919	Director Name JOSEPH KOLB Street Address 108 Putnam Avenue City Johnston State RI Zip 02919 Director Name JOSEPH KOLB Street Address 108 Putnam Avenue City Johnston State RI Zip 02919
--	--

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 SHS NO PAR COMMON

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

ISSUED SHARES
Number of Shares Class/Series 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



* 6 5 5 0 8 *

File Date: 3-19-01

Check No.: 3420

By: [Signature]

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.

Manuel P. DaCosta 02/20/01
Signature of Officer Date

MANUEL P. DaCOSTA
Print or Type Name of Officer

PRESIDENT
Title of Officer



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

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.

65508

2. Name of Corporation

STAR MEDICAL, INC.

3. Street Address Principal Business Office

375 Putnam Pike

4. Business Phone No.

(401) 231-9040

5. State of Incorporation

RHODE ISLAND

City

Smithfield

State

RI

Zip

02917

6. SIC Code

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

MANUEL P. DACOSTA

Street Address

9 Bradford Street

City

Johnston

State

RI

Zip

02919

Vice President Name

JOSEPH KOLB

Street Address

108 Putnam Avenue

City

Johnston

State

RI

Zip

02919

Secretary Name

MANUEL P. DACOSTA

Street Address

9 Bradford Street

City

Johnston

State

RI

Zip

02919

Treasurer Name

JOSEPH KOLB

Street Address

108 Putnam Avenue

City

Johnston

State

RI

Zip

02919

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

Director Name

MANUEL P. DACOSTA

Street Address

9 Bradford Street

City

Johnston

State

RI

Zip

02919

Director Name

JOSEPH KOLB

Street Address

108 Putnam Avenue

City

Johnston

State

RI

Zip

02919

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 SHS NO PAR COMMON

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

ISSUED SHARES

Number of Shares

Class/Series

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



* 6 5 5 0 8 *

File Date: 3/15/00

Check No.: 2871

By: [Signature]

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.

MANUEL P. DACOSTA 02/15/00
Signature of Officer Date

MANUEL P. DACOSTA

Print or Type Name of Officer

PRESIDENT

Title of Officer



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

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 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 65508		2. Name of Corporation STAR MEDICAL, INC.			
3. Street Address Principal Business Office 375 Putnam Pike			City Smithfield	State RI	Zip 02917
4. Business Phone No. (401) 231-9040		5. State of Incorporation RHODE ISLAND			6. SIC Code 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) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MANUEL P. DACOSTA			Vice President Name JOSEPH KOLB		
Street Address 5 Bradford Street			Street Address 108 Putnam Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name MANUEL P. DACOSTA			Treasurer Name JOSEPH KOLB		
Street Address 5 Bradford Street			Street Address 108 Putnam Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MANUEL P. DACOSTA			Director Name JOSEPH KOLB		
Street Address 5 Bradford Street			Street Address 108 Putnam Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAR COMMON			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



* 6 5 5 0 8 *

File Date: **10/8/99**

Check No.: **3492**

By: **[Signature]**

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.

Manuel P. D. Costa **02/16/99**
Signature of Officer Date

MANUEL P. DACOSTA

Print or Type Name of Officer

PRESIDENT

Title of Officer



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

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-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

Zip

375 Putnam Pike

Smithfield

RI

02917

4. Business Phone No.

5. State of Incorporation

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)

President Name

Vice President Name

MANUEL P. DACOSTA

JOSEPH KOLB

Street Address

Street Address

5 Bradford Street

179 Rice Street

City

State

Zip

City

State

Zip

Johnston

RI

02919

Pawtucket

RI

Secretary Name

Treasurer Name

MANUEL P. DACOSTA

JOSEPH KOLB

Street Address

Street Address

5 Bradford Street

179 Rice Street

City

State

Zip

City

State

Zip

Johnston

RI

02919

Pawtucket

RI

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

Director Name

MANUEL P. DACOSTA

JOSEPH KOLB

Street Address

Street Address

5 Bradford Street

179 Rice Street

City

State

Zip

City

State

Zip

Johnston

RI

02919

Pawtucket

RI

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

600 SHS NO PAR COMMON

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



* 6 5 5 0 8 *

File Date: 2-27-98

Check No.: 2021

By: [Signature]

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.

Manuel P. D. Costa 02/17/98
Signature of Officer Date

MANUEL P. DACOSTA

Print or Type Name of Officer

PRESIDENT

Title of Officer



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

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 MUST BE TYPED IN BLACK)

1. Corporate ID No. 65508		2. Name of Corporation STAR MEDICAL, INC.	
3. Street Address Principal Business Office 375 Putnam Pike		City Smithfield	State RI
4. Business Phone No. (401) 231-9040		5. State of Incorporation RHODE ISLAND	
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		6. SIC Code 9886	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)			
President Name MANUEL P. DACOSTA		Vice President Name JOSEPH KOLB	
Street Address 5 Bradford Street		Street Address 179 Rice Street	
City Johnston	State RI	City Pawtucket	State RI
Zip 02919		Zip 02917	
Secretary Name MANUEL P. DACOSTA		Treasurer Name JOSEPH KOLB	
Street Address 5 Bradford Street		Street Address 179 Rice Street	
City Johnston	State RI	City Pawtucket	State RI
Zip 02919		Zip 02917	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)			
Director Name MANUEL P. DACOSTA		Director Name JOSEPH KOLB	
Street Address 5 Bradford Street		Street Address 179 Rice Street	
City Johnston	State RI	City Pawtucket	State RI
Zip 02919		Zip 02917	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
600 SHS NO PAR COMMON		100	COMMON
Par Value		Par Value	
		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: 1/13/97
Check No.: 2582
By: MANUEL P. DACOSTA
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.

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

MANUEL P. DACOSTA
Print or Type Name of Officer

PRESIDENT
Title of Officer

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 65508		2. NAME OF CORPORATION STAR MEDICAL, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 375 Putnam Pike		CITY Smithfield	STATE RI
4. BUSINESS PHONE NO. (401) 231-9040		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 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			
PRESIDENT NAME MANUEL P. DACOSTA		VICE PRESIDENT NAME JOSEPH KOLB	
STREET ADDRESS 5 Bradford Street		STREET ADDRESS 179 Rice Street	
CITY Johnston	STATE RI	CITY Pawtucket	STATE RI
SECRETARY NAME MANUEL P. DACOSTA		TREASURER NAME JOSEPH KOLB	
STREET ADDRESS 5 Bradford Street		STREET ADDRESS 179 Rice Street	
CITY Johnston	STATE RI	CITY Pawtucket	STATE RI
9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME MANUEL P. DACOSTA		DIRECTOR NAME JOSEPH KOLB	
STREET ADDRESS 5 Bradford Street		STREET ADDRESS 179 Rice Street	
CITY Johnston	STATE RI	CITY Pawtucket	STATE RI
DIRECTOR NAME 		DIRECTOR NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY 	STATE 	CITY 	STATE
10. SHARES AUTHORIZED AND ISSUED			
AUTHORIZED SHARES			ISSUED SHARES
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES
600 SHS NO PAR COMMON			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

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.

File Date:

3/11/96

Check No:

2204

By:

(CS)

For Secretary of State Use Only

Signature of Officer

MANUEL P. DACOSTA
Print or Type Name of Officer

PRESIDENT
Title of Officer

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 year: 1995

Name of Corporation: STAR MEDICAL, INC.

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:

N/A

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

275B Putnam Pike
Smithfield, RI 02917

Phone: (401) 231-9040

Brief statement of the character of business conducted in Rhode Island:

Distribution, sale, handling, and servicing of
medical equipment and any other lawful purpose

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
MANUEL P. DACOSTA	5 Bradford Street, Johnston, RI		
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
JOSEPH KOLB	179 Rice Street, Pawtucket, RI		
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
MANUEL P. DACOSTA	5 Bradford Street, Johnston, RI		
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
JOSEPH KOLB	179 Rice Street, Pawtucket, RI		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
MANUEL P. DACOSTA	5 Bradford Street, Johnston, RI		
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
JOSEPH KOLB	179 Rice Street, Pawtucket, RI		

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares

Class / Series

600

Common/No Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares

Class / Series

100 Issued

Common/No Par Value

Date February 21, 1995

By: Manuel P. Da Costa

MANUEL P. DACOSTA

PRINT OR TYPE NAME OF OFFICER SIGNING

PRESIDENT

TITLE OF OFFICER SIGNING

Form 31 1/95

DESIGNATED REGISTERED AGENT 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
PAWTUCKET RI 02860

FILED

APR 25 1995

By: 9.1722

OK # 1584 *no*

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

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

Corporate ID: 0065508 Annual Report for the year: 1994

Name of Business Entity: STAR MEDICAL, INC.

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:
N/A

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

275B Putnam Pike

Smithfield, Rhode Island 02917

Phone: ()

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed

Joseph A. Lamagna, Registered Agent
50 Summit Street

Pawtucket, Rhode Island 02860

(401) 724-6770

Brief statement of the character of business conducted in Rhode Island:

Distribution, sale, handling & servicing of
medical equipment and any other lawful purpose

Date of Organization: August 27, 1991

Date of Qualification to do business in Rhode Island (if foreign entity):
N/A

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One) <u>Manuel P. DaCosta</u>	<u>5 Bradford Street</u>	<u>Johnston, Rhode Island</u>	
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One) <u>Joseph Kolb</u>	<u>179 Rice Street</u>	<u>Pawtucket, Rhode Island</u>	
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One) <u>Manuel P. DaCosta</u>	<u>5 Bradford Street</u>	<u>Johnston, Rhode Island</u>	
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One) <u>Joseph Kolb</u>	<u>179 Rice Street</u>	<u>Pawtucket, Rhode Island</u>	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Manuel P. DaCosta</u>	<u>5 Bradford Street</u>	<u>Johnston, Rhode Island</u>	
<u>Joseph Kolb</u>	<u>179 Rice Street</u>	<u>Pawtucket, Rhode Island</u>	

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	<u>600</u>	NUMBER	<u>100 issued</u>
CLASS	<u>Common</u>	CLASS	<u>Common</u>
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	<u>No par value</u>	PAR VALUE OR WITHOUT PAR	<u>No par value</u>

Date February 15, 19 94

By: Manuel P. DaCosta

Manuel P. DaCosta
PRINT OR TYPE NAME OF OFFICER SIGNING

PRESIDENT
TITLE OF OFFICER SIGNING

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

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

FILED

DEC 13 1994

By: *no*

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0055508 Annual Report for the year 1993

FIRST: The name of the corporation is STAR MEDICAL, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the distribution, sale, handling and servicing of all types of medical equipment and supplies and any other lawful purpose

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 50 Summit Street, Pawtucket, RI 02860

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
John A. Daley	Director	10 Daley Court, Pawtucket, Rhode Island
Manuel P. DaCosta	Director	5 Bradford Street, Johnston, Rhode Island
	Director	
John A. Daley	President	10 Daley Court, Pawtucket, Rhode Island
Manuel P. DaCosta	Vice President	5 Bradford Street, Johnston, Rhode Island
John A. Daley	Secretary	10 Daley Court, Pawtucket, Rhode Island
Manuel P. DaCosta	Treasurer	5 Bradford Street, Johnston, Rhode Island

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No par value

Dated February 16, 19 93

STAR MEDICAL, INC.
(Name of Corporation)

By

Title

John A. Daley, President

(Report must be signed by an officer)

Filing Fee \$50.00

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

39096
State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0065508 Annual Report for the year 1992

FIRST: The name of the corporation is STAR MEDICAL, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the distribution, sale, handling and servicing of all types of medical equipment and supplies and any other lawful purpose.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 50 Summit Street, Pawtucket, RI 02860

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
John A. Daley	Director	10 Daley Court, Pawtucket, Rhode Island
Manuel P. DaCosta	Director	5 Bradford Street, Johnston, Rhode Island
	Director	
John A. Daley	President	10 Daley Court, Pawtucket, Rhode Island
Manuel P. DaCosta	Vice President	5 Bradford Street, Johnston, Rhode Island
John A. Daley	Secretary	10 Daley Court, Pawtucket, Rhode Island
Manuel P. DaCosta	Treasurer	5 Bradford Street, Johnston, Rhode Island

SEVENTH: Number of Shares authorized:

No. of Shares
600

Class
Common

Series

Par Value
or statement that
shares are without
par value
No Par Value

PAID

MAR 27 1992

EIGHTH: Number of Shares issued:

No. of Shares
100

Class
Common

SECY OF STATE

Series

Par Value
or statement that
shares are without
par value

No Par Value

Dated 2/18 19 92

(Report must be signed by an officer)

STAR MEDICAL, INC.
(Name of Corporation)

By

Title John A. Daley, President