



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 OR PRINTED IN BLACK)

1. Corporate ID No. 55818		2. Name of Corporation New England Surgical, Inc.			
3. Street Address Principal Business Office 17 Stafford Road - P.O. Box 470			City Fall River	State MA	Zip 02722-0470
4. Business Phone No. 508-675-7874		5. State of Incorporation MASSACHUSETTS			6. SIC Code 9886
7. Brief Description of the Character of Business Conducted in Rhode Island SALES-RENTAL 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 Howard Freedman			Vice President Name		
Street Address 37 Daniel Church Road			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Secretary Name Howard Freedman			Treasurer Name		
Street Address 37 Daniel Church Road			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Howard Freedman			Director Name		
Street Address 37 Daniel Church Road			Street Address		
City Tiverton	State MA	Zip 02878	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
12,500 COMM NO PAR VALUE			100	Common	NPV

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



FILED	
File Date	MAR 17 2005
Check No.	2
By:	By _____
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
Howard Freedman
Print or Type Name of Officer
President
Title of Officer



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

ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

FORM MUST BE TYPED OR PRINTED IN BLACK

1. Corporate ID No. 55818		2. Name of Corporation New England Surgical, Inc.			
3. Street Address Principal Business Office 17 STAFFORD ROAD, PO BOX 470		4. City FALL RIVER		5. State MA	6. Zip 02722
7. Business Phone No. 5086757874		8. State of Incorporation MASSACHUSETTS			9. SIC Code 9886
10. Brief Description of the Character of Business Conducted in Rhode Island SALES-RENTAL OF MEDICAL EQUIPMENT					
11. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
12. President Name HOWARD B. FREEDMAN			13. Vice President Name		
14. Street Address 37 DANIEL T. CHURCH ROAD			15. Street Address		
16. City TIVERTON	17. State RI	18. Zip 02878	19. City	20. State	21. Zip
22. Secretary Name HOWARD B. FREEDMAN			23. Treasurer Name HOWARD B. FREEDMAN		
24. Street Address 37 DANIEL T. CHURCH ROAD			25. Street Address 37 DANIEL T. CHURCH ROAD		
26. City TIVERTON	27. State RI	28. Zip 02878	29. City TIVERTON	30. State RI	31. Zip 02878
12. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
32. Director Name HOWARD B. FREEDMAN			33. Director Name		
34. Street Address 37 DANIEL T. CHURCH ROAD			35. Street Address		
36. City TIVERTON	37. State RI	38. Zip 02878	39. City	40. State	41. Zip
42. Director Name			43. Director Name		
44. Street Address			45. Street Address		
46. City	47. State	48. Zip	49. City	50. State	51. Zip
52. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			53. 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
54. AUTHORIZED SHARES			55. ISSUED SHARES		
56. Number of Shares	57. Class/Series	58. Par Value	59. Number of Shares	60. Class/Series	61. Par Value
2,500 COMM NO PAR VALUE			300	COMMON	NPV

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



* 5 5 8 1 8 *

Date	3/16/04
Check No.	6574
	18.
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.

3-15-04

Signature of Officer

Date

HOWARD FREEDMAN

Print or Type Name of Officer

President
Title of Officer

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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 55818		2. Name of Corporation New England Surgical, Inc.			
3. Street Address Principal Business Office 17 STAFFORD ROAD, PO BOX 470			City FALL RIVER	State MA	Zip 02722
4. Business Phone No. 5086757874		5. State of Incorporation MASSACHUSETTS			6. SIC Code 9886
7. Brief Description of the Character of Business Conducted in Rhode Island SALES-RENTAL 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 HOWARD B. FREEDMAN			Vice President Name .		
Street Address 37 DANIEL T. CHURCH ROAD			Street Address .		
City TIVERTON	State RI	Zip 02878	City .	State .	Zip .
Secretary Name HOWARD B. FREEDMAN			Treasurer Name HOWARD B. FREEDMAN		
Street Address 37 DANIEL T. CHURCH ROAD			Street Address 37 DANIEL T. CHURCH ROAD		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name HOWARD B. FREEDMAN			Director Name .		
Street Address 37 DANIEL T. CHURCH ROAD			Street Address .		
City TIVERTON	State RI	Zip 02878	City .	State .	Zip .
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
12,500	COMMON	NPV	300	COMMON	NPV

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



5 5 8 1 8

55818 FBC 09/26/03 02:22:13 PM

File Date 10-3-03

Check No. 60308

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.

[Signature] 10-1-03
Signature of Officer Date
HOWARD B. FREEDMAN
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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

55818

2. Name of Corporation

New England Surgical, Inc.

3. Street Address Principal Business Office

17 STAFFORD ROAD

City

FALL RIVER

State

MA

Zip

02722

4. Business Phone No.

(508) 675-7874

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

9886

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

SALE OF SURGICAL SUPPLIES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

HOWARD B. FREEDMAN

Vice President Name

Street Address

37 DANIEL T. CHURCH ROAD

Street Address

City

State

Zip

City

State

Zip

TIVERTON

RI

02878

Secretary Name

HOWARD B. FREEDMAN

Treasurer Name

HOWARD B. FREEDMAN

Street Address

37 DANIEL T. CHURCH ROAD

Street Address

37 DANIEL T. CHURCH ROAD

City

State

Zip

City

State

Zip

TIVERTON

RI

02878

TIVERTON

RI

02878

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

HOWARD B. FREEDMAN

Director Name

Street Address

37 DANIEL T. CHURCH ROAD

Street Address

City

State

Zip

City

State

Zip

TIVERTON

RI

02878

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

12,500 COMM NO PAR VALUE

Number of Shares

Class/Series

Par Value

300

COMMON

NPV

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



* 5 5 8 1 8 *

File Date: 8-1-02

Check No.: 5335

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.

[Signature] Date: 8-25-02

HOWARD FREEDMAN

President

Title of Officer



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 55818 2. Name of Corporation New England Surgical, Inc.

3. Street Address Principal Business Office City State Zip
17 Stafford Road- P.O. Box 470 Fall River, MA 02722-0470
4. Business Phone No. 508-675-7874 5. State of Incorporation MASSACHUSETTS 6. 9886

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

sales-rentals of medical equipment

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

President Name	Vice President Name
<u>Howard Freedman</u>	<u>none</u>
Street Address	Street Address
<u>37 Daniel Church Road</u>	<u>none</u>
City State Zip	City State Zip
<u>Tiverton, R.I. 02878</u>	<u>none none none</u>
Secretary Name	Treasurer Name
<u>Howard Freedman</u>	<u>Howard Freedman</u>
Street Address	Street Address
<u>37 Daniel Church Road</u>	<u>37 Daniel Church Road</u>
City State Zip	City State Zip
<u>Tiverton, R.I. 02878</u>	<u>Tiverton, R.I. 02878</u>

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

Director Name	Director Name
<u>Howard Freedman</u>	<u>none</u>
Street Address	Street Address
<u>37 Daniel Church Road</u>	<u>none</u>
City State Zip	City State Zip
<u>Tiverton, R.I. 02878</u>	<u>none none none</u>
Director Name	Director Name
<u>none</u>	<u>none</u>
Street Address	Street Address
<u>none</u>	<u>none</u>
City State Zip	City State Zip
<u>none none none</u>	<u>none none none</u>

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>12,500</u>	<u>Common</u>	<u>NPV</u>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>300</u>	<u>Common</u>	<u>NPV</u>

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



* 5 5 8 1 8 *

File Date: 3/7

Check No.: 4732

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.

Howard Freedman 2/28/2001
Signature of Officer Date

Howard Freedman
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. **55818** 2. Name of Corporation **New England Surgical, Inc. **TO DO BUSINESS UNDER FICTITIOUS NAME ONLY**

3. Street Address Principal Business Office **17 STAFFORD ROAD** City **FALL RIVER** State **MA** Zip **02722**

4. Business Phone No. **(508) 675-7874** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **9886**

7. Brief Description of the Character of Business Conducted in Rhode Island
SALE OF SURGICAL SUPPLIES

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

President Name **HOWARD B. FREEDMAN** Vice President Name _____
Street Address **37 DANIEL T. CHURCH ROAD** Street Address _____
City **TIVERTON** State **RI** Zip **02878-4441** City _____ State _____ Zip _____

Secretary Name **HOWARD B. FREEDMAN** Treasurer Name **HOWARD B. FREEDMAN**
Street Address **37 DANIEL T. CHURCH ROAD** Street Address **37 DANIEL T. CHURCH ROAD**
City **TIVERTON** State **RI** Zip **02878** City **TIVERTON** State **RI** Zip **02878**

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

Director Name **HOWARD B. FREEDMAN** Director Name _____
Street Address **37 DANIEL T. CHURCH ROAD** Street Address _____
City **TIVERTON** State **RI** Zip **02878** City _____ State _____ Zip _____

Director Name _____
Street Address _____
City _____ State _____ Zip _____

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
12,500	COMMON	NPV

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
300	COMMON	NPV

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



* 5 5 8 1 8 *

File Date: 3/16/00

Check No.: 4173

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.

Signature of Officer [Signature] Date 3-14-00

Print or Type Name of Officer HOWARD FREEDMAN

Title of Officer PRESIDENT



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.

55818

2. Name of Corporation

New England Surgical, Inc. ***TO DO BUSINESS UNDER FICTITIOUS NAME ONLY OF:**

3. Street Address Principal Business Office

17 Stafford Road

City

Fall River

State

MA

Zip

02722

4. Business Phone No.

(508) 675-7874

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

9886

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

Sale of Surgical Supplies

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

President Name

Howard B. Freedman

Vice President Name

Street Address

37 Daniel T. Church Road

Street Address

City

Tiverton

State

RI

Zip

02878

City

State

Zip

Secretary Name

Howard B. Freedman

Treasurer Name

Howard B. Freedman

Street Address

37 Daniel T. Church Road

Street Address

37 Daniel T. Church Road

City

Tiverton

State

RI

Zip

02878

City

State

Zip

02878

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

Director Name

Howard B. Freedman

Director Name

Street Address

37 Daniel T. Church Road

Street Address

City

Tiverton

State

RI

Zip

02878

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

12,500

Common

NPV

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

300

Common

NPV

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



* 5 5 8 1 8 *

File Date:

March 10, 1999

Check No.:

3698

By:

AD

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

HOWARD Freedman

Print or Type Name of Officer

President

Title of Officer

3/10/99

Date

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.

55818

2. Name of Corporation

New England Surgical, Inc.TO DO BUSINESS UNDER FICTITIOUS NAME ONLY OF:**

3. Street Address Principal Business Office

17 STAFFORD ROAD

City

FALL RIVER

State

MA 02722

Zip

4. Business Phone No.

(508) 675-7874

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

9886

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

SALE OF SURGICAL SUPPLIES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

HOWARD B. FREEDMAN

Street Address

45 GREEN STREET

City

State

Zip

BROOKLINE

MA

Secretary Name

HOWARD B. FREEDMAN

Street Address

45 GREEN STREET

City

State

Zip

BROOKLINE

MA

Vice President Name

Street Address

City

State

Zip

Treasurer Name

HOWARD B. FREEDMAN

Street Address

45 GREEN STREET

City

State

Zip

BROOKLINE

MA

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

Director Name

HOWARD B. FREEDMAN

Street Address

45 GREEN STREET

City

State

Zip

BROOKLINE

MA

Director Name

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

12,500

COMMON

NPV

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

300

COMMON

NPV

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



* 5 5 8 1 8 *

File Date: 3/2

Check No.: 3284

By: KM

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

HOWARD FREEDMAN

Print or Type Name of Officer

President

Date

2/27/98



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. **55818** 2. Name of Corporation **New England Surgical, Inc.**TO DO BUSINESS UNDER FICTITIOUS NAME ONLY OF:**

3. Street Address Principal Business Office **17 STAFFORD ROAD** City **FALL RIVER** State **MA** Zip **02722**

4. Business Phone No. **(508)675-7874** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **9886**

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

SALE OF SURGICAL SUPPLIES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Vice President Name

HOWARD B. FREEDMAN

Street Address Street Address

45 GREEN STREET

City State Zip City State Zip

BROOKLINE,

MA

Secretary Name Treasurer Name

HOWARD B. FREEDMAN

HOWARD B. FREEDMAN

Street Address Street Address

45 GREEN STREET

45 GREEN STREET

City State Zip City State Zip

BROOKLINE

MA

BROOKLINE

MA

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

Director Name Director Name

HOWARD B. FREEDMAN

HOWARD B. FREEDMAN

Street Address Street Address

45 GREEN STREET

45 GREEN STREET

City State Zip City State Zip

BROOKLINE

MA

BROOKLINE

MA

Director Name Director Name

Street Address Street Address

City State Zip City State Zip

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

12,500

COMMON

NPV

300

COMMON

NPV

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



* 5 5 8 1 8 *

File Date: **2-25-97**

Check No.: **2821**

By: **HF**

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

HOWARD FREEDMAN

Print or Type Name of Officer

PRESIDENT

Title of Officer

Date

1/30/97

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. 55818
2. NAME OF CORPORATION New England Surgical, Inc., d/b/a Northeast Surgical
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 17 Stafford Road
CITY Fall River STATE MA ZIP CODE 02721
4. BUSINESS PHONE NO. (508) 675-7874
5. STATE OF INCORPORATION Massachusetts
6. SIC CODE 8888
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Medical Supplies

8. NAMES AND ADDRESSES OF THE OFFICERS
PRESIDENT NAME: Howard Freedman
VICE PRESIDENT NAME: none
STREET ADDRESS: 45 Green Street
CITY: Brookline, MA
SECRETARY NAME: Howard Freedman
TREASURER NAME: Howard Freedman
STREET ADDRESS: 45 Green Street
CITY: Brookline, MA

9. NAMES AND ADDRESSES OF THE DIRECTORS
DIRECTOR NAME: Howard Freedman
DIRECTOR NAME: Leonard Freedman
STREET ADDRESS: 45 Green Street
STREET ADDRESS: 637 Langley Street
CITY: Brookline, MA
CITY: Fall River, MA

10. SHARES AUTHORIZED AND ISSUED
AUTHORIZED SHARES: 12,500 Common NPV
ISSUED SHARES: 100 Common NPV

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: 2/27/96

Check No: 2115

By: BMF
For Secretary of State Use Only

Signature of Officer

Howard Freedman

Print or Type Name of Officer

President

February 26, 1996

Title of Officer

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: 55818 Annual Report for the year: 1995Name of Corporation: NEW ENGLAND SURGICAL and Home Health Centers, Ltd.Business entity organized under the laws of the State of: MASS.

Business Entity is (check one):

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

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

17 Stafford RoadFall River, MA.Phone: (508) 675-7874

Address and telephone of the principal office of business entity in Rhode

Island (Provide street address - Not P.O. Box):

Paul S. Horvitz (Resident Agent)180 Taber AvenueProvidence, Rhode IslandPhone: (401) 331-9517Brief statement of the character of business conducted in Rhode Island:
Sale of Health Care Products

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Howard B. Freedman	45 Green Street	Brookline, MA.	02146
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Howard B. Freedman	" "	" "	" "
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Howard B. Freedman	" "	" "	" "
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Howard B. Freedman	" "	" "	" "
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Leonard Freedman	637 Langley Street.	Fall River, MA.	

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares

Class / Series

12,500

Common no par

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

Number of Shares

Class / Series

300

Common no par

Date 1-26, 19 96.

NEW ENGLAND SURGICAL, INC.

By: Howard Freedman

PRINT OR TYPE NAME OF OFFICER SIGNING

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.

FILED

JAN 29 1996

By DN #55
155668

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 0055818 Annual Report for the year 1994

Name of Business Entity: NEW ENGLAND SURGICAL AND HOME HEALTH CENT

Business entity organized under the laws of the State of Mass.

Federal Taxpayer Identification Number [REDACTED]

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

17 Stafford Road

Fall River, Massachusetts - 02722

Phone: (508) 675-7874

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

NONE

Phone [REDACTED]

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:

Howard B. Freedman

17 Stafford Road

Fall River, Massachusetts 02722

Brief statement of the character of business conducted in Rhode Island:
Surgical supplies and home health care products

Date of Organization August 19, 1982

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

May 12, 1989

THE NAMES OF THE OFFICERS ARE:

☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One) STREET ADDRESS CITY STATE ZIP CODE

Howard B. Freedman, 637 Langley Street, Fall River, Massachusetts 02720

☐ CHIEF FINANCIAL OFFICER OR ☐ VICE PRESIDENT (Check One) STREET ADDRESS CITY STATE ZIP CODE

02720

☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY (Check One) STREET ADDRESS CITY STATE ZIP CODE

Howard B. Freedman, 637 Langley Street, Fall River, Massachusetts 02720

☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One) STREET ADDRESS CITY STATE ZIP CODE

Howard B. Freedman, 637 Langley Street, Fall River, Massachusetts 02720

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY STATE ZIP CODE

Leonard Freedman, 637 Langley Street, Fall River, Massachusetts 02720

NAME STREET ADDRESS CITY STATE ZIP CODE

Howard B. Freedman, 637 Langley Street, Fall River, Massachusetts 02720

NAME STREET ADDRESS CITY STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 12,500

CLASS Common, no par value

SERIES

PAR VALUE OR
WITHOUT PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 300

CLASS Common no par value

SERIES

PAR VALUE OR
WITHOUT PAR

Date January 27, 1994

NEW ENGLAND SURGICAL, INC.

By Howard B. Freedman
Howard B. Freedman

POSTOR TYPE NAME OF OFFICE SIGNING
President/Treasurer

TITLE OF OFFICE SIGNING

Form 31 1/94

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

PAUL S. HORVITZ
180 TABER AVENUE
PROVIDENCE RI 00000

Filing Fee \$50.00

43879B

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0055518 Annual Report for the year 1993

FIRST: The name of the corporation is NEW ENGLAND SURGICAL AND HOME HEALTH CEN

SECOND: It is incorporated under the laws of Massachusetts

THIRD: Character of business, briefly stated, is Surgical supplies and home
Health care products and equipment of
all kinds - rental and sales

FOURTH: If foreign corporation, address of its principal office.....

17 Stafford Road, Fall River, Massachusetts

FIFTH: Business address in Rhode Island None

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

Name	Office	Address (including number, street, zip code)
Howard B. Freedman	Director	45 Green Street Brookline, MA. 02146
Leonard Freedman	Director	637 Langley Street Fall River, MA. 02720
	Director	
Howard B. Freedman	President	45 Green Street Brookline, MA. 02146
None	Vice President	
Howard B. Freedman	Secretary	" " "
Howard B. Freedman	Treasurer	" " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
12,500	Common		0

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	Common		0

New England Surgical and Home Health
Care Centers, Ltd.

Dated January 21, 19 93

(Name of Corporation)

By Howard B. Freedman

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

7-67-10

Corporate ID 0055818 Annual Report for the year 1992

FIRST: The name of the corporation is NEW ENGLAND SURGICAL AND HOME HEALTH CEI
TERS, LTD. (NAME CHANGED TO NEW ENGLAND SURGICAL, INC. ON MARCH 23, 1990,
IN MASSACHUSETTS)

SECOND: It is incorporated under the laws of Massachusetts

THIRD: Character of business, briefly stated, is Surgical supplies and home health care
products and equipment of all kinds - rental and sales

FOURTH: If foreign corporation, address of its principal office.....
17 Stafford Road, Fall River, Massachusetts

FIFTH: Business address in Rhode Island 131 Clay Street, Pawtucket, Rhode Island

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

Name	Office	Address (including number, street, zip code)
Howard B. Freedman	Director	637 Langley Street, Fall River, Mass.
Leonard Freedman	Director	637 Langley Street, Fall River, Mass.
	Director	
Howard B. Freedman	President	" " " " " "
	Vice President	
Howard B. Freedman	Clerk	" " " " " "
	Secretary	
Howard B. Freedman	Treasurer	" " " " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class
12,500	Common

PAID

FEB 20 1992

SEC'Y OF STATE

Par Value
or statement that
shares are without
par value

No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class
300	Common

Par Value
or statement that
shares are without
par value

No par

Dated January 1 19 92.

NEW ENGLAND SURGICAL, INC.

(Name of Corporation)

By Howard B. Freedman

Title President-Treasurer

(Report must be signed by an officer)

Filing Fee \$50.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0055818 Annual Report for the year 1991

FIRST: The name of the corporation is New England Surgical, Inc.

D/B/A Northeast Surgical

SECOND: It is incorporated under the laws of Massachusetts

THIRD: Character of business, briefly stated, is sale of surgical supplies

FOURTH: If foreign corporation, address of its principal office 17 Stafford Road, Fall River, MA

FIFTH: Business address in Rhode Island c/o Paul S. Borvitz

180 Taber Avenue, Providence, RI 02903

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

Name

Office

Address (including number, street, zip code)

Howard B. Freedman Director 45 Green St., Brookline, MA

Director

Director

Howard B. Freedman President 45 Green St., Brookline, MA

Vice President

Howard B. Freedman Secretary 45 Green St., Brookline, MA

Howard B. Freedman Treasurer 45 Green St., Brookline, MA

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

12,500

Common

NPV

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

300

Common

NPV

Dated 2/28/91 19 91

(Report must be signed by an officer)

New England Surgical, Inc.

(Name of Corporation)

By Paul S. Borvitz

Title President

JOHN S. DiBONA
ATTORNEY AT LAW

(401) 943-6655
FAX (401) 943-8744

THE PHENIX BUILDING
145 PHENIX AVENUE
CRANSTON, RHODE ISLAND 02920

COPY

September 20, 1989

NEW ENGLAND SURGICAL AND HOME HEALTH CENTERS, LTD.
17 Stafford Road
Fall River, MA 02721

Gentlemen:

Please be advised that the undersigned represents New England Surgical Center, Inc., a Rhode Island corporation doing business at 1174 Park Avenue, Cranston, Rhode Island. My client was incorporated under the laws of the State of Rhode Island on December 24, 1982. Since its incorporation my client has been engaged in the business of a health care supply center selling and distributing at retail and wholesale, medical and surgical equipment and all other supplies incidental to a health care center throughout the state of Rhode Island. It has established good will and a good reputation in the medical and surgical care business which have become associated with the exclusive use of the name, "New England Surgical" in the State of Rhode Island since its incorporation.

In reviewing a listing of Rhode Island incorporations in the Business Section of The Providence Journal on July 30, 1989, I discovered that your corporation had qualified to do business in the State of Rhode Island on May 12, 1989. Thereafter, I contacted the Corporations Division of the Rhode Island Secretary of State's office. I was advised that your corporation was a Massachusetts corporation which had become qualified to do business in the State of Rhode Island under the name "New England Surgical and Home Health Centers, Ltd." I advised the Secretary of State's office that my client had been incorporated on December, 24, 1982 under the name New England Surgical Center, Inc. and that pursuant to Rhode Island General Laws Section 7-1.1-7 had the exclusive right to the use of that name in this state. I was advised by that office that a notice would be sent to your company indicating that in light of the fact that your name was deceptively similar to the name of my client, that you would have to adopt a fictitious business name which was not deceptively similar to my client's name and operate in

the State of Rhode Island under that fictitious business name. It is my understanding that you were advised of that fact by the Director of the Corporations Section of the Secretary of State of the State of Rhode Island.

My client was recently advised by one of its customers of your company's solicitation in the State of Rhode Island under the name "New England Surgical". I have in my possession a brochure and a business card of one of your representatives that was given to the customer of my client. This has led to confusion and certainly will lead to confusion among customers and potential customers of my client, in the future. It is my position that the use by you of the name "New England Surgical" in that State of Rhode Island, and your direct competition with my client through the use of that name in the State of Rhode Island amounts to "unfair competition".

Unless you cease and desist from engaging in this unfair competition through the use of the name "New England Surgical" in the State of Rhode Island, my client has instructed me to commence a civil action against you in the Providence County Superior Court. My client will seek preliminary and permanent injunctions restraining you from engaging in unfair competition with it through the use of the name "New England Surgical" in the State of Rhode Island, as well as monetary damages.

If I do not hear from you, or someone representing you within ten (10) days of this letter, I have been instructed to commence this action against you.

Very truly yours,

JOHN S. DIBONA

JSD/jat

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0056813

Annual Report for the year 1990

FIRST: The name of the corporation is NEW ENGLAND SURGICAL AND HOME HEALTH CENTERS
Ltd., d/b/a NORTHEAST SURGICAL

SECOND: It is incorporated under the laws of Massachusetts

THIRD: Character of business, briefly stated, is Surgical supplies and home health care
products and equipment of all kinds - rental and sales.FOURTH: If foreign corporation, address of its principal office 17 Stafford Road, Fall River,
Massachusetts.

FIFTH: Business address in Rhode Island 131 Clay Street, Pawtucket, Rhode Island 02862

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Howard B. Freedman Director 45 Green Street, Brookline, MA 02146

Leonard Freedman Director 637 Langley Street, Fall River, MA 02720

Director

President

Vice President

Howard B. Freedman Secretary 45 Green Street, Brookline, MA 02146

Howard B. Freedman Treasurer

SEVENTH: Number of Shares authorized:

Par Value
or statement that
shares are without
par value

No. of Shares

Class

Series

12,500

Common

No par value

EIGHTH: Number of Shares issued:

Par Value
or statement that
shares are without
par value

No. of Shares

Class

Series

300

Common

No par value

Dated June 15, 19 90

NEW ENGLAND SURGICAL AND HOME HEALTH CARE CENTERS, L.
(Name of Corporation) d/b/a NORTHEAST SURGICAL

By Howard B. Freedman

Title President

(Report must be signed by an officer)