



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

FORM MUST BE TYPED OR PRINTED IN BLACK

1. ID No. 119719		2. Exact name of the limited liability company Resource One, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Distribution of medical supplies			
5. Principal office address 60 South County Commons Way			City Wakefield	State RI	Zip 02879
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Gary Benoit			Contact Title Manager		
Street Address 44 King's Ridge Road			City Wakefield	State RI	Zip 02879
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52					
Manager Name Gary Benoit			Manager Name .		
Street Address 44 King's Ridge Road			Street Address .		
City Wakefield	State RI	Zip 02879	City .	State .	Zip .
Manager Name .			Manager Name .		
Street Address .			Street Address .		
City .	State .	Zip .	City .	State .	Zip .
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name James V. Aukerman			Address .		
Address 60 South County Commons Way			City Wakefield	Zip 02879	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 1 9 7 1 9

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] 9/21/05
Signature of Authorized Person Date

Gary Benoit
Print or Type Name of Authorized Person

File Date 9/30/05
Check No. 382
By: [Signature]
FOR SECRETARY OF STATE USE ONLY



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 119719		2. Exact name of the limited liability company RESOURCE ONE, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island DISTRIBUTION OF MEDICAL SUPPLIES	
5. Principal office address 60 South County Commons Way		City Wakefield	State RI
		Zip 02879-2246	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Gary Benoit		Contact Title Manager	
Street Address 44 King's Ridge Road		City Wakefield	State RI
		Zip 02879	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name Gary Benoit		Manager Name	
Street Address 44 King's Ridge Road		Street Address	
City Wakefield	State RI	Zip 02879	City State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City State Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name James V. Aukerman		Address	
Address 60 South County Commons Way		City Wakefield	Zip 02879

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 1 9 7 1 9

File Date	<u>1/13/05</u>
Check No.	<u>1319</u>
By:	<u>DA</u>
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] 12/28/04
Signature of Authorized Person Date

GARY F. BENOIT
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 119719		2. Exact name of the limited liability company RESOURCE ONE, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island DISTRIBUTION OF MEDICAL SUPPLIES			
5. Principal office address 133 Old Tower Hill Road		City Wakefield	State RI	Zip 02879	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Gary Benoit			Contact Title Manager		
Street Address 44 King's Ridge Road		City Wakefield	State RI	Zip 02879	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Gary Benoit			Manager Name		
Street Address 44 King's Ridge Road		Street Address			
City Wakefield	State RI	Zip 02879	City	State	Zip
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name JAMES V. AUKERMAN			Address		
Address 133 OLD TOWER HILL ROAD		City WAKEFIELD	Zip 02879-		

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date 10.7.03

Check No. 242

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] 10/2/03
Signature of Authorized Person Date

GARY F. BENOIT
Print or Type Name of Authorized Person



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 119719		2. Exact name of the limited liability company RESOURCE ONE, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Distribution of Medical Supplies	
5. Principal office address 133 Old Tower Hill Road		City Wakefield	State RI
		Zip 02879	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Gary Benoit		Contact Title Manager	
Street Address 44 King's Ridge Road		City Wakefield	State RI
		Zip 02879	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name Gary Benoit		• Manager Name .	
Street Address 44 King's Ridge Road		• Street Address .	
City Wakefield	State RI	Zip 02879	• City .
Manager Name		• Manager Name	
Street Address		• Street Address	
City	State	Zip	• City .
Address		• Address	
City	State	Zip	• City .
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name James V. Aukerman		Address	
Address 133 Old Tower Hill Road		City Wakefield	Zip 02879

This report must be signed in ink by an authorized person pursuant to 7-16-66.

File Date	9-4-02
Check No.	152
By:	<i>[Signature]</i>
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] 9/3/02
Signature of Authorized Person Date

Gary Benoit

Print or Type Name of Authorized Person