RI SOS Filing Number: 201988836960 Date: 3/15/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

FILED
MAR 15 2019
BY

1. Entity ID Number	2. Exact name of the Corporation
55818	NEW ENGLAND SURGICAL, INC.

3. Principal Office Address	City	State	Zip
17 STAFFORD ROAD	FALL RIVER	MA	02721

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
453990	MEDICAL SALES
5. State of Incorporation	
MASSACHUSETTS	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
12500	CNP	NPV

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.

Name of Authorized Representative	Date
HOWARD B. FREEDMAN	3-12-19

Signature of Authorized Representative: SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017