



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
 Corporation

FILED

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

MAR 15 2019
 BY 9588

1. Entity ID Number 55818		2. Exact name of the Corporation NEW ENGLAND SURGICAL, INC.			
3. Principal Office Address 17 STAFFORD ROAD			City FALL RIVER	State MA	Zip 02721
4. NAICS Code 453990		6. Brief description of the character of business conducted in Rhode Island MEDICAL SALES			
5. State of Incorporation MASSACHUSETTS					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name HOWARD B. FREEDMAN			Vice-President 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
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
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			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 HOWARD B. FREEDMAN					Date 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