



**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. 38054		2. Name of Corporation Cotran Corporation			
3. Street Address Principal Business Office 574 PARK AVE			City PORTSMOUTH	State R.I	Zip 02871
4. Business Phone No 401 682 1555		5. State of Incorporation RHODE ISLAND			6. SIC Code 2618
7. Brief Description of the Character of Business Conducted in Rhode Island WHOLESALE OF VETERINARY INSTRUMENTS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name BERTRAND DUMONT			Vice President Name CATHERINE DUMONT		
Street Address 752 BLACK POINT Lane			Street Address Same as President		
City PORTSMOUTH	State RI	Zip 02871	City	State	Zip
Secretary Name CATHERINE DUMONT			Treasurer Name Same as President		
Street Address			Street Address		
City	State	Zip	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 NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	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
1,000 NO PAR VALUE			100	COMMON	NO PAR

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



File Date 2.11.05  
Check No. 14138  
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 02-10-05  
Print or Type Name of Officer Catherine DUMONT  
Title of Officer Vice President



**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 <b>38054</b>		2. Name of Corporation <b>Cotran Corporation</b>	
3. Street Address Principal Business Office <b>574 PARK AVENUE</b>		City <b>PORTSMOUTH</b>	State <b>RI</b>
4. Business Phone No. <b>401 682 1555</b>		5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>2618</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>WHOLESALE OF VETERINARY INSTRUMENTS</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>BERTRAND DUMONT</b>		Vice President Name <b>CATHERINE DUMONT</b>	
Street Address <b>752 BLACK POINT LANE</b>		Street Address <b>SAME AS PRESIDENT</b>	
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	
Secretary Name		Treasurer Name <b>SAME AS PRESIDENT</b>	
Street Address		Street Address	
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 <b>NONE</b>		Director Name <b>NONE</b>	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
<b>1,000</b>	<b>NO PAR VALUE</b>		
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
<b>100</b>	<b>COMMON</b>	<b>NO PAR</b>	

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



\* 3 8 0 5 4 \*

File Date 2.4.04  
Check No. 13136  
By: 10  
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.

Catherine Dumont 02-03-04  
Signature of Officer Date  
**CATHERINE DUMONT**  
Print or Type Name of Officer  
**VICE PRESIDENT**  
Title of Officer



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. 38054 2. Name of Corporation Cotran Corporation  
3. Street Address Principal Business Office 574 PARK AVENUE City PORTSMOUTH State RI Zip 02871  
4. Business Phone No. 401 682 1555 5. State of Incorporation RHODE ISLAND 6. SIC Code 2618  
7. Brief Description of the Character of Business Conducted in Rhode Island Wholesaler of VETERINARY INSTRUMENTS

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

President Name <u>BERTRAND DUMONT</u>	Vice President Name <u>CATHERINE DUMONT</u>
Street Address <u>752 BLACK POINT LANE</u>	Street Address <u>SAME AS PRESIDENT</u>
City <u>PORTSMOUTH</u> State <u>RI</u> Zip <u>02871</u>	City <u>SAME AS PRESIDENT</u> State <u>RI</u> Zip <u>02871</u>
Secretary Name <u>CATHERINE DUMONT</u>	Treasurer Name <u>SAME AS PRESIDENT</u>
Street Address <u>SAME AS PRESIDENT</u>	Street Address <u>SAME AS PRESIDENT</u>
City <u>RI</u> State <u>RI</u> Zip <u>02871</u>	City <u>SAME AS PRESIDENT</u> State <u>RI</u> Zip <u>02871</u>

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

Director Name <u>NONE</u>	Director Name <u>NONE</u>
Street Address <u>NONE</u>	Street Address <u>NONE</u>
City <u>RI</u> State <u>RI</u> Zip <u>02871</u>	City <u>RI</u> State <u>RI</u> Zip <u>02871</u>
Director Name <u>NONE</u>	Director Name <u>NONE</u>
Street Address <u>NONE</u>	Street Address <u>NONE</u>
City <u>RI</u> State <u>RI</u> Zip <u>02871</u>	City <u>RI</u> State <u>RI</u> Zip <u>02871</u>

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<u>1,000</u>	<u>NO PAR VALUE</u>	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<u>100</u>	<u>COMMON</u>	<u>NO PAR</u>

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



\* 3 8 0 5 4 \*

File Date: 2/19/03  
Check No.: 12007  
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] 02-17-03  
Signature of Officer Date  
Catherine DUMONT  
Print or Type Name of Officer  
VICE PRESIDENT  
Title of Officer



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. 38054 2. Name of Corporation COTRAN CORPORATION  
3. Street Address Principal Business Office 574 PARK AVE .PO# 130 City PORTSMOUTH State RI Zip 02871  
4. Business Phone No. 401 682 1555 5. State of Incorporation RHODE ISLAND 6. SIC Code 2618

7. Brief Description of the Character of Business Conducted in Rhode Island  
Whole Sale of Veterinary Instruments

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

President Name <u>BERTRAND DUMONT</u>	Vice President Name <u>CATHERINE DUMONT</u>
Street Address <u>752 Black Point Lane</u>	Street Address <u>→ Same</u>
City <u>Portsmouth</u> State <u>RI</u> Zip <u>02871</u>	City _____ State _____ Zip _____
Secretary Name <u>CATHERINE DUMONT</u>	Treasurer Name <u>SAME AS PRESIDENT</u>
Street Address <u>—</u>	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

Director Name <u>NONE</u>	Director Name <u>NONE</u>
Street Address _____	Street Address _____
City _____ State _____ Zip _____	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	Class/Series	Par Value
<u>1000 SHS</u>	<u>NO PAR</u>	<u>Value</u>

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

ISSUED SHARES	Class/Series	Par Value
<u>100</u>	<u>COMMON</u>	<u>NO PAR</u>

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

File Date: 3-7-02  
Check No.: 109474  
By: [Signature]

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 3-1-2  
Print or Type Name of Officer Catherine Dumont  
Title of Officer Vice President

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. 38054 2. Name of Corporation Cotran Corporation

3. Street Address Principal Business Office 574 PARK AVE - PO #130 City PORTSMOUTH State RI Zip 02871  
4. Business Phone No. 401 682 1555 5. State of Incorporation RHODE ISLAND 6. SIC Code 2898

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

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

President Name <u>BERTRAND DUMONT</u>	Vice President Name <u>CATHERINE DUMONT</u>
Street Address <u>752 Black Point Lane</u>	Street Address <u>SAME AS PRESIDENT</u>
City <u>PORTSMOUTH</u> State <u>RI</u> Zip <u>02871</u>	City <u>State</u> Zip <u>State</u>
Secretary Name <u>CATHERINE DUMONT</u>	Treasurer Name <u>SAME AS PRESIDENT</u>
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name <u>NONE</u>	Director Name <u>NONE</u>
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
1,000 SHS NO PAR VALUE

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
100 COMMON NO.PAR

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



\* 3 8 0 5 4 \*

File Date: 1/26  
Check No.: 9657  
By: [Signature]

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] 1-25-00  
Signature of Officer Date  
CATHERINE DUMONT  
Print or Type Name of Officer  
VICE PRESIDENT  
Title of Officer



**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. **38054** 2. Name of Corporation **Cotran Corporation**  
3. Street Address Principal Business Office **574 PARK AVE P.O. Box 130** City **PORTSMOUTH** State **RI** Zip **02871**  
4. Business Phone No. **401 682 1555** S. State of Incorporation **RHODE ISLAND** 6. SIC Code **2618**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Wholesale of VETERINARY INSTRUMENTS**

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

President Name <b>BERTRAND DUMONT</b>	Vice President Name <b>CATHERINE DUMONT</b>
Street Address <b>752 Black Point Lane</b>	Street Address <b>SAME AS PRESIDENT</b>
City <b>Portsmouth</b> State <b>RI</b> Zip <b>02871</b>	City _____ State _____ Zip _____
Secretary Name _____	Treasurer Name <b>SAME AS PRESIDENT</b>
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

Director Name <b>NONE</b>	Director Name <b>NONE</b>
Street Address _____	Street Address _____
City _____ State _____ Zip _____	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  
**1,000 SHS NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 COMMON NO PAR**

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



\* 3 8 0 5 4 \*

File Date: 2/22/00  
Check No.: 8655  
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] 2.18.2000  
Signature of Officer Date  
**CATHERINE DUMONT**  
Print or Type Name of Officer  
**VICE PRESIDENT**  
Title of Officer



**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. <b>38054</b>		2. Name of Corporation <b>Cotran Corporation</b>	
3. Street Address Principal Business Office <b>57A PARK AVE. P.O. BOX 130</b>		City <b>PORTSMOUTH</b>	State <b>RI</b>
4. Business Phone No. <b>401 682 1555</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Wholesaler of VETERINARY INSTRUMENTS -</b>		Zip <b>02871</b>	6. SIC Code <b>2618</b>
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>BERTRAND DUMONT</b>		Vice President Name <b>CATHERINE DUMONT</b>	
Street Address <b>752 BLACKPOINT LANE</b>		Street Address <b>SAME AS PRESIDENT</b>	
City <b>Portsmouth</b>	State <b>RI</b>	City	State
Zip <b>02871</b>		Zip	
Secretary Name		Treasurer Name <b>SAME AS PRESIDENT</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>NONE</b>		Director Name <b>NONE</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
<b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)</b>		<b>11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)</b>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>1,000 SHS NO PAR VALUE</b>		<b>100</b>	<b>Common</b>
			<b>NO PAR</b>

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



File Date: 1/21/99

Check No.: 9960

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: 2/9/99

Print or Type Name of Officer: CATHERINE DUMONT

Title of Officer: VICE PRESIDENT



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. 38054 2. Name of Corporation COTRAN CORPORATION  
3. Street Address Principal Business Office 574 PARK AVE - PO. BOX 130 City PORTSMOUTH State RI Zip 02871  
4. Business Phone No. 401 682 1555 5. State of Incorporation RHODE ISLAND 6. SIC Code 2618

7. Brief Description of the Character of Business Conducted in Rhode Island  
IMPORT EXPORT OF VET INSTRUMENTS

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

President Name <u>BERTKAND DUMONT</u> Street Address <u>752 BLACK POINT LANE</u> City <u>PORTSMOUTH</u> State <u>RI</u> Zip <u>02871</u> Secretary Name <u>SAME AS VICE PRESIDENT</u> Street Address City State Zip	Vice President Name <u>CATHERINE DUMONT</u> Street Address <u>SAME AS PRESIDENT</u> City State Zip Treasurer Name <u>SAME AS PRESIDENT</u> Street Address City State Zip
---	--

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

Director Name <u>NONE</u> Street Address City State Zip	Director Name <u>NONE</u> Street Address City State Zip
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
	<u>1,000 SHS</u>	<u>NO</u>	<u>PAR VALUE</u>

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<u>0</u>		

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

File Date: 4/16/98  
Check No.: 200249  
By: KD  
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: C. Dumont Date: 4-15-98  
Print or Type Name of Officer: CATHERINE DUMONT  
Title of Officer: VICE PRESIDENT

**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. 38054		2. NAME OF CORPORATION Cotran Corporation		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 526 Thames St		CITY NEWPORT	STATE RI	ZIP CODE 02840
4. BUSINESS PHONE NO. (401) 849 4449		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 2618

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
IMPORT - EXPORT.

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME BERTRAND DUMONT			VICE PRESIDENT NAME Catherine DUMONT		
STREET ADDRESS 752 Black Point Lane			STREET ADDRESS Same as President		
CITY Portsmouth	STATE RI	ZIP CODE 02871	CITY —	STATE —	ZIP CODE —
SECRETARY NAME Same as Vice President			TREASURER NAME —		
STREET ADDRESS —			STREET ADDRESS —		
CITY —	STATE —	ZIP CODE —	CITY —	STATE —	ZIP CODE —

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME None			DIRECTOR NAME None		
STREET ADDRESS —			STREET ADDRESS —		
CITY —	STATE —	ZIP CODE —	CITY —	STATE —	ZIP CODE —
DIRECTOR NAME —			DIRECTOR NAME —		
STREET ADDRESS —			STREET ADDRESS —		
CITY —	STATE —	ZIP CODE —	CITY —	STATE —	ZIP CODE —

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS	NO PAR VALUE		100	Common	no par

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: ~~1-29-96~~ 2/9/96

Check No: 4676  
By: KID / UP

For Secretary of State Use Only

Signature of Officer: *Catherine Dumont*  
Print or Type Name of Officer: Catherine DUMONT  
Title of Officer: Vice President  
Date: 2-8-96

DETACH BOTTOM BEFORE RETURNING



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Corporation  
Fictitious Business Name Statement**

(Section 7-1.2-402 of the General Laws of Rhode Island, 1956, as amended)

**SECTION I**

The legal name of the applicant business corporation is: Optimize Manpower Solutions, Inc.

**SECTION II**

The fictitious business name to be used is: Optimize Manpower Solutions, Inc.

**SECTION III**

The state or territory under the laws of which it is incorporated is  
State: VA Country: USA

**SECTION IV**

The date of incorporation is 11/08/2013

**SECTION V**

The address of its registered office within Rhode Island is:

No. and Street: 450 VETERANS MEMORIAL PARKWAY, SUITE 7A

City or Town: EAST PROVIDENCE

State: RI Zip: 02914

Name: NATIONAL REGISTERED AGENTS, INC.

**SECTION VI**

The business in which it is engaged

INFORMATION SOLUTIONS AND STAFFING SERVICES

**SECTION VII**

Applicant is otherwise authorized to do business in the state of Rhode Island.

*Signed this 2 Day of April, 2020 at 5:03:26 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

Optimize Manpower Solutions, Inc.  
Name of Applicant Corporation

ISHA SHARMA

Signature of Authorized Officer

Form No. 624  
Revised 09/07

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All Rights Reserved

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0058054 Annual Report for the year: 1995

Name of Corporation: Cotran Corporation

Business entity organized under the laws of the State of: Rhode Island 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:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_  
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
526 Thames St  
NEWPORT RI 02840  
 Phone (401) 849 4449

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

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>BERTRAND DUMONT</u>	<u>P.O. Box 418</u>	<u>NEWPORT RI</u>	<u>02840</u>
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Catherine DUMONT</u>	<u>P.O. Box 418</u>	<u>NEWPORT RI</u>	<u>02840</u>
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Catherine DUMONT</u>	<u>P.O. Box 418</u>	<u>NEWPORT RI</u>	<u>02840</u>
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>BERTRAND DUMONT</u>	<u>P.O. Box 418</u>	<u>NEWPORT RI</u>	<u>02840</u>

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
<u>1,000</u>	<u>Common No Par.</u>	<u>100.</u>	<u>Common No Par</u>

Date JAN 25, 19 95 By: [Signature]  
 PRINT OR TYPE NAME OF OFFICER SIGNING Catherine DUMONT  
 TITLE OF OFFICER SIGNING V.P.

**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.

BERTRAND M. DUMONT  
 526 THAMES STREET  
 NEWPORT RI 02840

FILED  
 JAN 25 1995  
 [Signature]  
 3826

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

*PIP OK #3214  
\$50.*

0038054

1994

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

**Cotran Corporation**

Name of Business Entity: \_\_\_\_\_

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

Federal Taxpayer Identification Number: \_\_\_\_\_

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

526 Thames St

NEWPORT RI

Phone: (401) 849 4449

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

BERTRAND DUMONT

526 Thames St

NEWPORT RI 02840

Phone: (401) 849 4449

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:  
~~Turner C. Scott, Esquire,~~ *Please see president below*  
 122 Touro Street  
 Newport, RI 02840

Brief statement of the character of business conducted in Rhode Island:  
import/export

Date of Organization: *This is right C. Dumont*  
~~March 25, 1988~~ 3/25/80

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

**THE NAMES OF THE OFFICERS ARE:**

OFFICER TYPE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> PRESIDENT (Check One)	Bertrand Dumont	P. O. Box 418	Newport, RI	02840
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	Catherine Dumont	P. O. Box 418	Newport, RI	02840
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	Catherine Dumont	P.O. Box 418	Newport, RI	02840
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	Bertrand Dumont	P. O. Box 418	Newport, RI	02840

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER: 1,000	NUMBER: 100
CLASS: common	CLASS: common
SERIES: no par	SERIES: no par
PAR VALUE OR WITHOUT PAR: no par	PAR VALUE OR WITHOUT PAR: no par

Date February 1, 19 94

By: 

Catherine M. Dumont  
PRINT OR TYPE NAME OF OFFICER SIGNING

**FILED**

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 0038054 Annual Report for the year 1993

FIRST: The name of the corporation is Cotran Corporation

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is import/export

FOURTH: If foreign corporation, address of its principal office n/a

FIFTH: Business address in Rhode Island 122 Touro Street, Newport, RI 02840

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Bertrand Dumont	President	P.O. Box 418, Newport, RI
Catherine Dumont	Vice President	P.O. Box 418, Newport, RI
Catherine Dumont	Secretary	P.O. Box 418, Newport, RI
Bertrand Dumont	Treasurer	P.O. Box 418, Newport, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		no par

EIGHTH: Number of Shares issued:

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

*COA 3912*

Rec'd & Filed

JAN 22 1993

Dated January 1 19 93

COTRAN CORPORATION  
(Name of Corporation)

By *Bertrand Dumont*  
Title President

(Report must be signed by an officer)

Filing Fee \$50.00

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

2394  
**State of Rhode Island and Providence Plantations**

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0038054..... Annual Report for the year.....1992.....

FIRST: The name of the corporation is.....Cotran Corporation.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....import/export.....

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

FIFTH: Business address in Rhode Island.....122 Touro Street, Newport, RI 02840.....

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

Name Office Address (including number, street, zip code)

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
Bertrand Dumont	President	P. O. Box 418, Newport, RI
Catherine Dumont	Vice President	P. O. Box 418, Newport, RI
Catherine Dumont	Secretary	P. O. Box 418, Newport, RI
Bertrand Dumont	Treasurer	P. O. Box 418, Newport, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		no par

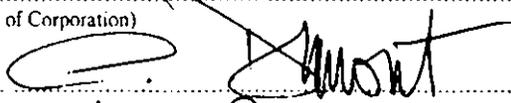
EIGHTH: Number of Shares issued:

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

Rec'd & Filed FEB 26 1992

Dated January 1 1992

COTRAN CORPORATION  
(Name of Corporation)

By 

Title Vice 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

Corporate ID 0038054 Annual Report for the year 1991

FIRST: The name of the corporation is Cotran Corporation

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is import/export

FOURTH: If foreign corporation, address of its principal office n/a

FIFTH: Business address in Rhode Island 122 Touro Street, Newport, RI 02840

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
<u>Bertrand Dumont</u>	<u>President</u>	<u>P. O. Box 418, Newport, RI</u>
<u>Catherine Dumont</u>	<u>Vice President</u>	<u>P. O. Box 418, Newport, RI</u>
<u>Catherine Dumont</u>	<u>Secretary</u>	<u>P. O. Box 418, Newport, RI</u>
<u>Bertrand Dumont</u>	<u>Treasurer</u>	<u>P. O. Box 418, Newport, RI</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1,000</u>	<u>common</u>		<u>no par</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>common</u>		<u>no par</u>

PAID  
FEB 11 1991  
TOWN OF STATE

Dated January 1 1991

COTRAN CORPORATION  
(Name of Corporation)



By Bertrand Dumont  
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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 0038054 Annual Report for the year 1990

FIRST: The name of the corporation is Cotran Corporation

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is import/export

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

FIFTH: Business address in Rhode Island 122 Touro Street, Newport, RI

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Bertrand Dumont	President	P. O. Box 418, Newport, RI
Catherine Dumont	Vice President	P. O. Box 418, Newport, RI
Catherine Dumont	Secretary	P. O. Box 418, Newport, RI
Bertrand Dumont	Treasurer	P. O. Box 418, Newport, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		No Par

EIGHTH: Number of Shares issued:

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

PAID

FEB 20 1990

SEC'Y. OF STATE

Dated February 1 1990

Cotran Corporation

(Name of Corporation)

By [Signature]

Title Vice President

(Report must be signed by an officer)

Filing Fee \$15.00

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 0038054 Annual Report for the year 1989

FIRST: The name of the corporation is Cotran Corporation

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is import/export

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

FIFTH: Business address in Rhode Island 122 Touro Street, Newport, RI 02840

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

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
Bertrand Dumont	President	P. O. Box 418, Newport, RI
Catherine Dumont	Vice President	P. O. Box 418, Newport, RI
Catherine Dumont	Secretary	P. O. Box 418, Newport, RI
Bertrand Dumont	Treasurer	P. O. Box 418, Newport, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		No Par

EIGHTH: Number of Shares issued:

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

Dated February 1 19 90

(Report must be signed by an officer)

**PAID**  
FEB 20 1990

SECY OF STATE

Cotran Corporation  
(Name of Corporation)

By [Signature]  
Title Vice President

Filing Fee \$15.00

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

1988 SH

Corporate ID 0038054 Annual Report for the year 1989

FIRST: The name of the corporation is Cotran Corporation

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is import/export

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

FIFTH: Business address in Rhode Island 122 Touro Street, Newport, Rhode Island 0284

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

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
Bertrand Dumont	President	P.O. Box 418, Newport, RI 02840
Catherine Dunont	Vice President	P.O. Box 418, Newport, RI 02840
Catherine Dumont	Secretary	P.O. Box 418, Newport, RI 02840
Bertrand Dumont	Treasurer	P.O. Box 418, Newport, RI 02840

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common	PAID	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	SECY OF STATE	no par value

Dated February 1, 19 89

Cotran Corporation

(Name of Corporation)

By P. Dumont

Title Vice-President

(Report must be signed by an officer)

Filing Fee \$15.00

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

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 38054 Annual Report for the year 1987

FIRST: The name of the corporation is Cotran Corporation

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Import/Export medical equipment

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

FIFTH: Business address in Rhode Island 122 Touro Street, Newport, RI 02840

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Bertrand Dumont	President	P. O. Box 418, Newport, RI 02840
Catherine Dumont	Vice President	" "
"	Secretary	" "
Bertrand Dumont	Treasurer	" "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	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

02/27/87 PAID

MAY 11 1987

Dated February 19 87

COTRAN CORPORATION  
 Name of Corporation)  
 By [Signature]  
 Title President  
 15.00

(Report must be signed by an officer)