



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

MAR 12 2021

EXA 1068

Annual Report for the year: 2021  
 Corporation

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

1. Entity ID Number <b>000101523</b>		2. Exact name of the Corporation <b>Medsource, Inc.</b>			
3. Principal Office Address <b>86 Daniel T Church Rd</b>		City <b>Tiverton</b>		State <b>RI</b>	Zip <b>02878</b>
4. NAICS Code <b>423450</b>		6. Brief description of the character of business conducted in Rhode Island <b>Medical Product Distribution</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Kevin Boulay</b>			Vice-President Name <b>N/A</b>		
Street Address <b>86 Daniel T Church</b>			Street Address		
City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>	City	State	Zip
Secretary Name <b>N/A</b>			Treasurer Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>N/A</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>5000</b>		<b>STK</b>	<b>0</b>
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 <b>Kevin Boulay</b>				Date <b>3/9/21</b>	
Signature of Authorized Representative <i>Kevin Boulay</i>					