



**State of Rhode Island  
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 Business Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 001681894

**2. Name of Corporation** Colonial Medical Supply Co., Inc.

**3. Street Address Principal Business Office:**

No. and Street: 12 PARMENTER ROAD, UNIT D5  
UNIT D-5

City or Town: LONDONDERRY State: NH Zip: 03053 Country: USA

**4. Business Phone No.**

8884468427

**5. State of Incorporation**

State: NH

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

811219

**6. Brief Description of the Character of Business Conducted in Rhode Island**

VETERINARY ANESTHESIA MACHINE MAINTENANCE AND REPAIR

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	SUSAN FLEMING	12 PARMENTER ROAD D5 LONDONDERRY, NH 03053 USA
SECRETARY	CYNDY FINN	18 BELL ROAD WINDHAM, NH 03087 USA
VICE PRESIDENT	PAUL FINN JR.	12 PARMENTER ROAD D5 LONDONDERRY, NH 03053 USA
OTHER OFFICER	SUSAN FLEMING	12 PARMENTER ROAD, UNIT D5, UNIT D-5 LONDONDERRY, NH 03053 USA
OTHER OFFICER	SUSAN FLEMING	12 PARMENTER ROAD, UNIT D5, UNIT D-5 LONDONDERRY, NH 03053 UNI

### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	200.00	200

**9. 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.**

**Signed this 14 Day of February, 2024 at 9:06:45 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.*

By SUSAN FLEMING  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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