



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 13 2024

BY 25028
ea

1. Entity ID Number 159077		2. Exact name of the Corporation MEDICAL KNITTED STRUCTURES, INC.	
3. Principal Office Address 358 LOWDEN STREET		City PAWTUCKET	State RI
		Zip 02860	
4. NAICS Code 315990	6. Brief description of the character of business conducted in Rhode Island KNITTED PRODUCTS RELATED TO THE MEDICAL FIELD		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOHN CONROY		Vice-President Name GARRETT COOPER	
Street Address 10 ROLLING ACRES DRIVE		Street Address 21 BLANCHE AVENUE	
City CUMBERLAND	State RI	City CUMBERLAND	State RI
Zip 02816		Zip 02864	
Secretary Name JOHN CONROY		Treasurer Name GARRETT COOPER	
Street Address 10 ROLLING ACRES DRIVE		Street Address 21 BLANCHE AVENUE	
City CUMBERLAND	State RI	City CUMBERLAND	State RI
Zip 02816		Zip 02864	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		100	COMMON
			NONE
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 JOHN CONROY			Date 3-11-24
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3940
Website: www.sos.ri.gov