



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 13 2024

BY 25028
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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.

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	Zip 02816	City CUMBERLAND	State RI	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	Zip 02816	City CUMBERLAND	State RI	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	Zip	City	State RI	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	
		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 					