State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

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

JUN 24 2025
BY 2755

1. Entity ID Number	2. Exact name of the Corporation			
001708915	PRESTIGE PHARMA SUPPLY INC.			
3. Principal Office Address		City	State	Zip
5600 POST ROAD, STE. 353		EAST GREENWICH	RI	02818
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
424210	WHOLESALE MERCHANT PHARMACEUTICALS			
5. State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
JASON MURRAY	5600 POST ROAD, STE. 353	E GREENWICH	RI	02818

Vice-President Name	Street Address	City	State	Zip
JASON GAUDINO	5600 POST ROAD, STE. 353	E GREENWICH	RI	02818

Secretary Name	Street Address	City	State	Zip
JASON GAUDINO	5600 POST ROAD, STE. 353	E GREENWICH	RI	02818

Treasurer Name	Street Address	City	State	Zip
JASON MURRAY	5600 POST ROAD, STE. 353	E GREENWICH	RI	02818

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
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	NO PAR

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	Date
Jason Gaudino	6/23/25

Signature of Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023