

2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000003080

Entity Name: NEEDYMEDS, INC.

Current Principal Place of Business:

50 WHITTEMORE STREET
GLOUCESTER, MA 01930-2553

Current Mailing Address:

PO BOX 219
GLOUCESTER, MA 01931-0219 US

FEI Number: 46-3091990

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name COWAN, FREDERICK
Address 660 REAR WASHINGTON ST
City-State-Zip: GLOUCESTER MA 01930

Title C
Name DEA, MAUREEN
Address 89 BROADCOVE RD
City-State-Zip: WEST BATH ME 04530

Title TREASURER
Name MAIER, DONALD MD
Address 9 PENRYN WAY
City-State-Zip: ROCKPORT MA 01966

Title P
Name SAGALL, RICHARD J MD
Address 35 STARKNAUGHT HEIGHTS
City-State-Zip: GLOUCESTER MA 01930

Title VC
Name MICHEL, GISELE M
Address 249 ADAMS STREET
City-State-Zip: QUINCY MA 02169

Title SECRETARY
Name LAURICELLA, PENNY
Address 6001 DODSWORTH DR.
City-State-Zip: RALEIGH NC 27612

Title DIRECTOR
Name AMY, NILES
Address 13 VASSAR CIRCLE
City-State-Zip: GLEN ECHO MD 20812

Title DIRECTOR
Name MUNDEN, DARRYL
Address 445 CHUKKER VALLEY
City-State-Zip: ELLISVILLE MO 63021

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD J. SAGALL, MD

PRESIDENT

04/12/2018

Electronic Signature of Signing Officer/Director Detail

Date