

**2021 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 11145747
Filing Number: 2112143969942
Filing Date/Time: 12/14/2021 01:33 PM
Effective Date/Time: 12/14/2021 01:33 PM



1. CORPORATION NAME:
Geriatric Medical & Surgical Supply, Inc.

DUE DATE: 12/31/21

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ENTITY
C T CORPORATION SYSTEM
4701 Cox Rd Ste 285
Glen Allen, VA 23060-6808

SCC ID NO.: 1114574-7

5. TOTAL NUMBER OF AUTHORIZED
SHARES: 100,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
087-HENRICO COUNTY

4. STATE OR COUNTRY OF INCORPORATION:
MA-Massachusetts

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 28 Torrice Dr Woburn	ADDRESS:
CITY/ST/ZIP Woburn, MA 01801-6220	CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: Arthur Siegal	NAME:
TITLE: President	TITLE:
ADDRESS: 28 Torrice Dr Woburn	ADDRESS:
CITY/ST/ZIP: Woburn, MA 01801-6220	CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

2021 ANNUAL REPORT CONTINUED

CORPORATION NAME:
Geriatric Medical & Surgical Supply, Inc.

DUE DATE: 12/31/21
SCC ID NO.: 1114574-7

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: Corey Peyser TITLE: Treasurer, Vice ADDRESS: 28 Torrice Dr Woburn CITY/ST/ZIP: Woburn, MA 01801-6220	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: Jeffrey Siegal TITLE: Chief Executive ADDRESS: 28 Torrice Dr Woburn CITY/ST/ZIP: Woburn, MA 01801-6220	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: Marjorie Peyser TITLE: ADDRESS: 28 Torrice Dr Woburn CITY/ST/ZIP: Woburn, MA 01801-6220	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input checked="" type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

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