

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 • Filing Fee: \$50.00

I ID No. 2. Exact name of the limited liabilty company 160589 Worldwide Medical Solutions, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island RHODE ISLAND Licensing, manufacturing and distribution of medical and surgical products and systems 5. Principal office address State City Zip 1445 WAMPANOAG TRAIL, SUITE 103 EAST PROVIDENCE RI 02915-6 MATEING ADDRESS OF EIMITED LYABIETTY COMPANY D'NAME OR TITLE OF CONTACT PER Contact Name Contact Title Ronald J. Rodrigues Street Address City State Zip02915 . East Providence RΙ 1445 Wampanoag Trail, Suite 103 name/and/addressoreach/manager.ob รัฐอังกุเราะงเลาสโทยสังเกษีพาสิทธิพาสิทธิ เรศไ**ย**สัต ANY MODIFICATIONS TO MANAGER Manager Name · Manager Name Robert E. McKittrick, Jr. Street Address Street Address 194 Waterman Lake Drive City State City State ZipHarmony 02829 Manager Name Manager Name Street Address ·Street Address City State Zip State IN RHODE ISLAND -DO NOFALTER- Changes require filing of Form 642-RLGL 7-16-11 Agent Name W. PARISH LENTZ 101 DYER STREET Address Citv Zip PROVIDENCE 02903-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements pontained herein are true and correct.

Ronald J. Rodrigues

gnature of Authorized

Print or Type Name of Authorized Person