

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is white the course for \$6.5.5.00

subject to a penalty fee of \$25.	00.		-			
1. Corporate ID No. 522126	2. Name of Co Foundry C	2. Name of Corporation Foundry Orthopedics, Inc.				
3. Street Address Principal Business Office 285 Promenade Street			Providence	State RI	^{Zip} 02908	
4. Business Phone No. 401-459-4008			tion			
6. Brief Description of the Cha	tracter of Business Condi	ucted in Rhode Island				
To provide medical se 7. NAMES AND ADDRI President Name Lawrence Lee, M.D.	ESSES OF THE OFF	ICERS: ("X" BOX FOR	ATTACHMENT) FILL IN Vice President Name		ATTACHMENTS	
Street Address			<u> </u>	Anthony DeLuise, M.D.		
285 Promenade Street			Street Address 285 Promenade St	285 Promenade Street		
City Providence	State RI	^{Zip} 02908	Providence	State RI	^{Zip} 02908	
Secretary Name Philippe Cote, M.D.			Treasurer Name Kenneth Furcolo, F	Treasurer Name Kenneth Furcolo, PA-C		
Street Address 285 Promenade Street			Street Address 285 Promenade St	Street Address 285 Promenade Street		
City Providence	State RI	^{Zip} 02908	city Providence	State RI	^{Zip} 02908	
8. NAMES AND ADDRE	SSES OF THE DIR	ECTORS: ("X" BOX FOR	ATTACHMENT) [FILL II	N SPACES BEFORE USIN	G ATTACHMENTS	
Director Name Lawrence Lee, M.D.			Director Name			
Street Address			Street Address	Street Address		
285 Promenade Stre	et		285 Promenade St	reet	· ·	
City	State	Zip	City	State	Zip	
Providence	RI	02908	Providence	RI	02908	
Director Name Philippe Cote, M.D.			Director Name Kenneth Furcolo, P	Director Name Kenneth Furcolo, PA-C		
Street Address 285 Promenade Street			Street Address 285 Promenade Str	Street Address 285 Promenade Street		
City Providence	State RI	^{Zip} 02908	City Providence	State RI	<i>2i</i> р 02 908	
9. SHARES AUTHORIZI				("X" BOX FOR ATTAC. CTION MUST BE COMPLETED		
This information :-		000 01 0		Class/Series	Par Value	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			400	Common	\$0.01	
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This report must be exec	cuted on behalf of the	ne corporation by an author	orized representative. If the c	orporation is in the hand	s of a receiver or trustee,	

this report must be executed on behalf of the corporation by the receiver or trustee.

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File Date	MAR 02 2011
Check No.	· mne
By/_O	8004196
FOR SEC	CRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm including any accompanying schedules and st contained herein are true and correct.	
Jausin il fra ni	> 2/21/11 Date
Lawrence Lee, M.D.	
Print or Type Name	
President	
T:41 -	