



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 000505382		2. Exact name of the limited liability company JENESIS SURGICAL, LLC	
3. State of Formation DE		4. Brief description of the character of the business which is actually conducted in Rhode Island DEVELOP MEDICAL DEVICES	
5. Principal office address 5331 OLD POST ROAD		City CHARLESTOWN	State RI
		Zip 02813	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JENNIFER K. WHITE, MD		Contact Title MD	
Street Address 109 COVE POINT EAST		City CHARLESTOWN	State RI
		Zip 02813	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name JENNIFER K. WHITE		Manager Name	
Street Address 109 COVE POINT EAST		Street Address	
City CHARLESTOWN	State RI	Zip 02813	City State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City State Zip	City State Zip	City State Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CORPORATION SERVICE COMPANY		Address	
Address 222 JEFFERSON BLVD., SUITE 200		City WARWICK	Zip 02888

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

000505382

FILED

NOV 08 2011

By

DS
190191

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person

Date

JENNIFER K. WHITE, MD

Print or Type Name of Authorized Person

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RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV