

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000100999		2. Exact name of the limited liability company Care Technology LLC				
3. State of Formation Rhode Island	4. Brief description of the character of business conducted in Rhode Island R & D Medical Devices, LED lighting, Flexible Heating Technology, Hardware, Software etc					
5. Principal office address 34 Mark Drive			City Lincoln	State RI	Zip 02865	
6. MAILING ADDRESS OF L	IMITED LIABILITY	COMPANY AND NA	ME OR TITLE OF CONTAC	T PERSON:		
Contact Name			Contact Title			
Street Address			City	State	Zip	
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM	AMES AND ADDI	RESSES) OF THE LIM	ITED LIABILITY COMPANY	, IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name Belinda Wong			Manager Name			
Street Address 34 Mark Drive			Street Address			
City Lincoln	State RI	Zip 02865	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address		201	
Dity	State	Zip	City	State	Zip SE	
3. RESIDENT AGENT IN RH					NUL	
his information is currently	y of record in the	Office of the Secretar	ry of State. Changes requir	re filing Form 642.		
					0.000 D PN 3:	
		FILE SEP 2 0	D 321		3. Day	
		SEP 20	2012			

BY_DZ 179362

File Date	Under penalty of perjury, I declare and affirm that I have examined this report _s including any accompanying schedules and statements			
Check No 1818	and that all statements contained herein	are true and correct. 08/30/3012		
By:	Signature of Authorized Aerson	Date		
FOR SECRETARY OF STATE USE ONLY	Belinda Wo ng			
OH DEGILE INTHE OF CHE	Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012