



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company
Annual Report

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2013

1. ID No. 000788849

2. Exact Name of the Limited Liability Company McCullough-Mueller Enterprises LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Business Management of Mueller Medical International LLC of Nevis St.Kits by

1. The Manufacture, Research and Development of

(a) FDA Approved, Cleared & Registered Human Products (Drug&Device)

(b) NASC Registered and FDA Designated Veterinary Products

2. Conduct of Translational Medicine Research and Clinical Trials

3. Publication of Academic and Patent Literature

5. Principal Office Address

No. and Street: 48 MOOSUP VALLEY ROAD

City or Town: FOSTER

State: RI Zip: 02825 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: RICKY MCCULLOUGH MD MSC Contact Title: MANAGING DIRECTOR

No. and Street: 48 MOOSUP VALLEY ROAD

City or Town: FOSTER

State: RI Zip: 02825 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	RICKY WAYNE MCCULLOUGH	48 MOOSUP VALLEY ROAD FOSTER, RI 02825 USA
MANAGER	JONATHAN DERICK MCCULLOUGH MBA	48 MOOSUP VALLEY ROAD FOSTER, RI 02825 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

RICKY W. MCCULLOUGH 48 MOOSUP VALLEY ROAD FOSTER , RI 02825

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

Signed this 21 Day of October, 2013 at 8:40:47 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By RICKY MCCULLOUGH MD MSC
Signature of Authorized Person

Form No. 632
Revised 09/07

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