



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. 000322696		2. Exact name of the limited liability company Medtronic Spine LLC		
3. State of Formation Delaware		4. Brief description of the character of business conducted in Rhode Island Inactive		
5. Principal office address 710 Medtronic Parkway, LC300		City Minneapolis	State MN	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:		Zip 55432	RECEIVED SECRETARY OF STATE CORPORATIONS DIV JAN 23 10 03 AM '14	
Contact Name Kathy Osteraas		Contact Title		
Street Address 3602 Birchpond Road		City Eagan		State N
		Zip 55122		
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Manager Name N/A		Manager Name		
Street Address		Street Address		
City	State	Zip	City	
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	
8. RESIDENT AGENT IN RHODE ISLAND		Zip 2014 JAN 14 AM 11:31		
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.				

FILED

JAN 23 2014

By 49-215389
 A.A. 10:06 A.M.

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.

Anne M. Ziebell 12/23/13
 Signature of Authorized Person Date

Anne M. Ziebell
 Print or Type Name of Authorized Person

File Date _____

Check No _____

By: _____

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