



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: 2014

1. ID No. 000539049

2. Exact Name of the Limited Liability Company Centralized Medical Equipment LLC

3. State of Formation

State: MA

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

Purchasing and/or leasing specialty medical equipment and medical supplies and leasing, selling or renting such equipment and supplies and providing associated billing services to health care facilities, including hospitals, nursing homes, skilled nursing and rehab facilities.

5. Principal Office Address

No. and Street: 50 KERRY PLACE

City or Town: NORWOOD

State: MA

Zip: 02062

Country: USA

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

Contact Name: Contact Title:

No. and Street: ONE INVACARE WAY

City or Town: ELYRIA

State: OH

Zip: 44035

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	ROBERT K GUDBRANSON	ONE INVACARE WAY ELYRIA, OH 44035 USA
MANAGER	DOUGLAS J HARPER	50 KERRY PLACE NORWOOD, MA 02062 USA
MANAGER	ANTHONY C LAPLACA	ONE INVACARE WAY ELYRIA, OH 44035 USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 15 Day of September, 2014 at 2:45:33 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 REBECCA M. LENGYEL
Signature of Authorized Person

Form No. 632
Revised 09/07

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