

1. Entity ID No.

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 2014

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

2. Exact name of the limited liability company

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

| 000109025 | KINETEKS, LLC | | | | |
|---|---|--------------------------|--------------------------|---------------------------|---------------------|
| 3. State of Formation | 4. Brief description of the character of business conducted in Rhode Island Medical Engineering Consulting & Prototype Equipment | | | | |
| 5. Principal office address 69 Illinois Avenue Suite 5 | | | City Warwick | State RI | Zip 02888 |
| 6. MAILING ADDRESS OF L | MITED LIABILITY (| OMPANY AND NAME | | PERSON: | |
| Contact Name John Mills | | | Contact Title Member | | |
| Street Address 69 Illinois Avenue Suite 5 | | | City Warwick | State RI | Zip 02888 |
| 7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM | | SSES) OF THE LIMITE | D LIABILITY COMPANY, | IF APPLICABLE - <u>Do</u> | NOT LIST MEMBER: |
| Manager Name DOHN MILLS | | | Manager Name | | |
| Street Address | | | Street Address | | |
| WAKEFEELS | State | Zip 02879 | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| B. RESIDENT AGENT IN RHO | ODE ISLAND | | <u> </u> | | |
| This information is currently | | ffice of the Secretary o | f State. Changes require | filing Form 642. | |
| | | | | | |
| | | | FILED | | |
| | | | | ç | SEP 1 7 2014 |
| | | | | • | 3277 |
| | | | | BY — | |

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. File Date 09/09/2014 Check No ____ Date Signature of Aythorized Person By: John F. Mills FOR SECRETARY OF STATE USE ONLY Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012