

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.

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

1. Entity ID No. 100999	Exact name of the limited liability company Care Technology LLC Brief description of the character of business conducted in Rhode Island R&D Medical devices, LED lighting, flexible heating technologies, hardware, software etc					
3. State of Formation Rhode Island						
5. Principal office address 34 Mark Drive			City Lincoln	State RI	Zip 02865	
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:	···· - · · · • · · · · · · · · · · · · ·	
Contact Name Belinda Wong		, , , , , , , , , , , , , , , , , , , ,	Contact Title EVP			
Street Address 34 Mark Drive			City Lincoln	State RI	Zip 02865	
7. LIST <u>ALL</u> MANAGERS (("X" BOX FOR ATTACHI	NAMES AND ADD	DRESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBER:	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Žip	
Manager Name			Manager Name		**************************************	
Street Address		Street Address				
City	State	Zip	City	State	Zip	
. RESIDENT AGENT IN RI	IODE ISLAND			1	<u> </u>	
his information is current	ly of record in the	e Office of the Secr	etary of State. Changes require	filing Form 642.	3 90 90 90 90 90 90 90 90 90 90 90 90 90	
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File Date 10 24	2014		this report, includin		irm that I have examine schedules and stateme are true and correct.	
By: BW FOR SECRETARY OF STA	ATE USE ONLY		Signature of Authoriz	Wang	Date	

Form No. 632 Revised: 01/2012