

## 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.		2. Exact name of the limited liability company BAMM Plus, LLC					
000576306		,					
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island					
RHODE ISLAND	MEDICA	MEDICAL PRODUCTS SALE					
5. Principal office address 1100 Mineral Spring Avenue			City North Providence	State RI	Zip <b>02904</b>		
6. MAILING ADDRESS OF L	IMITEO LIABILI	TY COMPANY AND N	AME OR THE EDIC CONTACT PER	SON:			
Contact Name Paul Carey			Contact Title Manager				
Street Address 1100 Mineral Spring Avenue			City North Providence	State <b>RI</b>	Zip 02904		
7. LIST <u>all</u> Managers (n ("X" box for attachm		RESSES) OF THE LI	MITTED LIABILITY COMPANY, IF AP	PLICABLE - <u>Do</u>	NOT LIST MEMBER		
Manager Name Gregory A. Mercurio, Jr.			Manager Name				
Street Address 1100 Mineral Spring A	Avenue		Street Address				
City North Providence	State RI	Zip <b>02904</b>	City	State	Zip		
anager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
B. RESIDENT AGENT IN RH	ODE ISLAND						

FILED

OCT 3 1 2014

File Date  Check No	Under penalty of perjury, I declare and affithis report, including any accompanying sand that all statements contained refer a Signature of Authorized Person  Paul Carey	chedules and statements,	
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012