



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: 2015

1. ID No. 000157175

2. Exact Name of the Limited Liability Company SpinalGraft Technologies, LLC

3. State of Formation

State: TN

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

DISTRIBUTOR OF HUMAN TISSUE

5. Principal Office Address

No. and Street: 4340 SWINNEA ROAD

City or Town: MEMPHIS

State: TN

Zip: 38118

Country: USA

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

Contact Name: Contact Title:

No. and Street: 2600 SOFAMOR DANEK DRIVE

City or Town: MEMPHIS

State: TN

Zip: 38132

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS

| Title   | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---------|------------------------------------------------|------------------------------------------------------------|
| MANAGER | GARY L. ELLIS                                  | 710 MEDTRONIC PARKWAY<br>MINNEAPOLIS, MN 55432 USA         |
| MANAGER | DOUGLAS KING                                   | 2600 SOFAMOR DANEK DR.<br>MEMPHIS, TN 38132 USA            |
| MANAGER | BRIAN W. ELLIS                                 | 2600 SOFAMOR DANEK DRIVE<br>MEMPHIS, TN 38132 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 9 Day of September, 2015 at 12:39:15 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 BRIAN W. ELLIS  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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