



**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 2015 ~~2016~~**

**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. <b>743551</b>		2. Exact name of the limited liability company <b>Optimized Medical LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Medical Sales &amp; Service</b>			
5. Principal office address <b>409 Albion Road</b>		City <b>Lincoln</b>		State <b>RI</b>	Zip <b>02865</b>
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <b>Matthew Morris</b>		Contact Title <b>Owner</b>			
Street Address <b>409 Albion Road</b>		City <b>Lincoln</b>		State <b>RI</b>	Zip <b>02865</b>
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

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Check No **MAY 03 2016**  
By: **AOE 273464**  
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Form No. 632  
Revised: 01/2012

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.

**Matthew Morris** 05/03/2016  
Signature of Authorized Person Date  
Print or Type Name of Authorized Person