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	STATE OF THE STATE

Annual Report for the year: 2015 Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company						
962131	Innovation In Medtech LLC						
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island						
DE	Medical Device publisher						
5. Principal Office Address			City	State	Zìp		
5 Rolling Hill Drive			Chatham	NJ	07928		
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Sandy Corbett			Contact Title Director of Operations				
Street Address 2490 Black Rock Turnpike #326			^{City} Fairfield	State CT	^{Zip} 06825		
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name Sandy Corbett			Manager Name				
Street Address 2490 Black Rock Turnpike #326~			Street Address				
^{City} Fairfield	State GT	Zip 06825	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment							
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.							
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.							
Name of Authorized Person				Date	Date		
David Cassak				7/29/20	7/29/2016		
Signature of Authorized Person							

FILED

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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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