



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: 2016

1. ID No. 000503853

2. Exact Name of the Limited Liability Company DEXIS LLC

3. State of Formation

State: DE

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

31-33

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

HOLDS DEXIS ASSETS OF GENDEX CORP; DESIGN, ASSEMBLE, MANUFACTURE OR HAVE MANUFACTURED AND SELL INTRA-ORAL IMAGING PRODUCTS AND SERVICES TO DENTAL PROFESSIONLS AND INSTITUTIONAL CUSTOMERS.

5. Principal Office Address

No. and Street: 901 W OAKTON STREET

City or Town: DES PLAINES

State: IL

Zip: 60018

Country: USA

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

Contact Name: Contact Title:

No. and Street: 6095 PARKLAND BLVD

SUITE 310

City or Town: MAYFIELD HTS

State: OH

Zip: 44124

Country: USA

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	J. HENRIK ROOS	1910 NORTH PENN ROAD HATFIELD, PA 19440 USA
MANAGER	CHARLES A. SCHWERTNER	6095 PARKLAND BLVD. SUITE 310 MAYFIELD HTS, OH 44124 USA
MANAGER	ROBERT S LUTZ	2200 PENNSYLVANIA AVENUE NW - SUITE 810W WASHINGTON, DC 20037 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 1 Day of September, 2016 at 11:03:59 AM 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 CHARLES A. SCHWERTNER
Signature of Authorized Person

Form No. 632
Revised 09/07

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