State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year: 2016	
Limited Liability Company	
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00	

→ Penalty: Additional \$2	5.00 fee if form	is not filed by D	December 1.	_	~		
1. Entity ID Number	2. Exact name of the Limited Liability Company						
651242		Curamedix, LLC					
3. NAICS Code 42 - Wholesale Trade		Brief description of the character of business conducted in Rhode Island Professional and Commercial Equipment and Supplies Wholesaler					
5. State of Formation Massachusetts							
6. Principal Office Address			City	State	Zip		
40 Albion Road			Lincoln	RI	02865		
7. Mailing Address of Limite		any and Name o					
Contact Name Gregory R. Mercure			Contact Title COO	Contact Title COO			
Street Address 40 Albion Road			City Lincoln	State RI	^{Zip} 02865		
8. List ALL managers (name	es and addresse	s) of the Limited	Liability Company, IF APPLIC	ABLE - DO NOT LIST	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
		.		Check the box to	indicate an attachment		
9. Resident Agent in Rhode	Island. This inforr	nation is currently	of record with the Department of S	tate. Changes require fili	ng Form 642.		
	declare and aff	firm that I have	examined this report, includ				
Name of Authorized Person				Date	/		
Gregory R. Mercure		<i>(</i>		10/2	3/16		
Signature of Authorized Pers	son	J 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of the State of the American	FI	FD		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 3 1 2016

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