(T)	State of Rhode Island and Providence Plantations  Department of State - Business Services Division
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Annual Report for the year:	2016	
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.

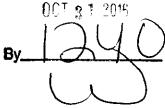
1. Entity ID Number 000925138	Exact name of the Limited Liability Company     Minvasive Surgical, LLC							
3. NAICS Code	Brief description of the character of business conducted in Rhode Island							
42 - Wholesale Trade	National Dist	ributor of Medica	al Devices					
5. State of Formation RI								
6. Principal Office Address			City	State	Zip			
327 Water Street			Warren	RI	02885			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name Richard Kilgus			Contact Title Owner					
Street Address 327 Water Street			City Warren	State RI	<sup>Zip</sup> 02885			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
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			
	<del>.</del>			Check the box to in	dicate an attachment			
9. Resident Agent in Rhode Island. This information is currently of record with 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							
Richard Kilgus	10-2	7-16						
Signature of Authorized Person SIGN DOCUMENT HERE								

FILED

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 632 - Revised: 08/2016