	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.

. Entity ID Number	2. Exact name of the Limited Liability Company Spinal Therapeutics, LLC					
91817						
. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
52 - Health Care and Socia	Ambulatory	surgery center	r.			
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip i 02919	
1526 Atwood Avenue, Ste.	200	_	Johnston	Ri	02919	
7. Mailing Address of Limited L	iability Company	and Name or Title	e of Contact Person			
Contact Name Sumit Kumar D			Contact Title			
Street Address 1526 Atwood	Avenue, Ste. 2	200	City Johnston	State RI	^{Zip} 02919	
8. List ALL managers (names	and addresses)	of the Limited Liat	oility Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name Sumit Kumar			Manager Name			
			Street Address			
Street Address 35 Ridge Road				State	Zip	
City Smithfield	State RI	^{Zip} 02917	City	Giace		
Manager Name			Manager Name			
Street Address			Street Address			
Street Address				State	Zip	
City	State	Zip	City			
					indicate an attachment	
9. Resident Agent in Rhode Is	land This inform	ation is currently of r	ecord with the Department of S	tate. Changes require fil	ing Form 642.	
9. Resident Agent in Rhode is Under penalty of perjury, I o statements, and that all state	lociare and affi	rm that I have exa	amined this report, includi	ing any accompanyi	ng schedules and	
Name of Authorized Person	ements contain		Date (1/7/16			
Sumit Kumar Das, M.D.				1 11/7	7/16	
Salling Lattion Door with.						

MAIL TO:

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

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

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