

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	2. Exact r	Exact name of the Limited Liability Company     Lenzing Medical Device Development, LLC      Brief description of the character of business conducted in Rhode Island				
1335322	Lenzing I					
3. NAICS Code						
54 - Professional, Scientific	Medical device development services					
5. State of Formation	7					
Rhode Island						
6. Principal Office Address	_ <b>_</b> _		City	State	Zip	
28 Rushton Drive			Cranston	RI	02905	
7. Mailing Address of Limited Li	ability Comp	any and Name or	Title of Contact Person			
Contact Name Ross Lenzing			Contact Title Member, Owner			
Street Address 28 Rushton Drive	e		City Cranston	State RI	<sup>Zip</sup> 02905	
8. List ALL managers (names a	ınd addresse	s) of the Limited L	iability Company, IF APPLIC	ABLE - DO NOT LIST	MEMBERS	
Manager Name			Mariager 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	
				Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode Isla	nd. This inforr	nation is currently of	record with the Department of S	tate. Changes require filir	ng Form 642.	
Under penalty of perjury, I dec statements, and that all states	clare and aff ments conta	firm that I have ex ined herein are tr	camined this report, includi rue and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person				Date		
Ross Lenzing	ss Lenzing			of Pec 246		
Signature of Authorized Person		SIGN D	OCUMENT HERE			

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

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