



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

Foreign Business Corporation
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000526318

2. Name of Corporation Bayer Medical Care Inc..

3. Street Address Principal Business Office:

No. and Street: 1 BAYER DRIVE

City or Town: INDIANOLA

State: PA

Zip: 15051

Country: USA

4. Business Phone No.

412-777-2597

5. State of Incorporation

State: DE

ARTICLE III

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

NAICS Code

6

31-33

6. Brief Description of the Character of Business Conducted in Rhode Island

MANUFACTURING, SALES AND SERVICE OF MEDICAL IMAGING AND THERAPEUTIC PRODUCTS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JEFFREY OWOC	100 GLOBAL VIEW DRIVE WARRENDALE, PA 15086 USA

TREASURER	TRACY E. SPAGNOL	100 BAYER ROAD PITTSBURGH, PA 15205 USA
SECRETARY	SHIRELL GROSS	1 BAYER DRIVE INDIANOLA, PA 15051 USA
VICE PRESIDENT	TRACY E. SPAGNOL	100 BAYER ROAD PITTSBURGH, PA 15205 USA
DIRECTOR	LARS BENECKE	100 BAYER ROAD PITTSBURGH, PA 15205 USA
DIRECTOR	MARIO G JOSEPH	1 BAYER DRIVE INDIANOLA, PA 15051 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.0100	100,000.00	100000

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 13 Day of January, 2017 at 1:23:12 PM. 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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By TRACY E. SPAGNOL
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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