



State of Rhode Island and Providence Plantations
Office of the Secretary of State

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Business Corporation
Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000055891

2. Name of Corporation UNETIXS VASCULAR, INC.

3. Street Address Principal Business Office:

No. and Street: 125 COMMERCE PARK ROAD
City or Town: NORTH KINGSTOWN

State: RI Zip: 02852 Country: USA

4. Business Phone No.

4015830089

5. State of Incorporation

State: RI

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

DEVELOPMENT, MANUFACTURE, DISTRIBUTION AND SALE OF MEDICAL EQUIPMENT

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
CEO	NEERAJ KUMAR JHA	125 COMMERCE PARK RD NORTH KINGSTOWN, RI 02852 US
COO	JAYESH C PATEL	17517 FABRICA WAY CERRITOS, CA 90703 USA

DIRECTOR	VINOD RAMNANI	125 COMMERCE PARK RD NORTH KINGSTOWN, RI 02852 US
DIRECTOR	ASHWIN KHEMANI	125 COMMERCE PARK RD NORTH KINGSTOWN, RI 02852 US

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>
CNP		\$0.0000	1,000.00	100

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 26 Day of January, 2017 at 9:00:48 AM. *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 NEERAJ KUMAR JHA

Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

