

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017 **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.

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| 1. Entity ID Number 00789943 | 2. Exact name of the Limited Liability Company OsteoMed LLC | | | | | |
|---|---|--------------------------|-------------------------------|---------------------------|-----------------------|--|
| 3. NAICS Code 43555 5. State of Formation DE | 4. Brief description of the character of business conducted in Rhode Island SALE OF MEDICAL DEVICES INCLUDING PRODUCTS AND EDUCATIONAL SERVICES TO MEET THE SPECIAL NEEDS OF ORTHOPEDIC SURGEONS AND THEIR PATIENTS | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 3885 Arapaho Road | | | Addison | TX | 75001 | |
| 7. Mailing Address of Limited Li | ability Compan | y and Name or Titl | | | | |
| Contact Name Beth Kriske | | | Contact Title Controller | | | |
| Street Address 3885 Arapaho Road | | | Cily Addison | State TX | ^{Zıp} 75001 | |
| 8. List ALL managers (names a | and addresses) | of the Limited Lial | bility Company, IF APPLICA | BLE - DO NOT LIST | MEMBERS | |
| Manager Name Colson Associates, Inc. | | | Manager Name | | | |
| Street Address One North Franklin Street, Suite 2400 | | | Street Address | | | |
| ^{City} Chicago | State IL | Zip 60606 | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Streel Address | | | |
| City | State | Zıp | City | State | Zip | |
| | <u> </u> | <u></u> | | Check the box to i | ndicate an attachment | |
| 9. Resident Agent in Rhode Isla | and. This informa | ation is currently of re | cord with the Department of S | tate. Changes require for | g Form 642 | |
| Under penalty of perjury, I de statements, and that all state | | | • | ing any accompanyin | g schedules and | |
| Name of Authorized Person | | | | Date | Date | |
| Shirley Bock, Authorized Person | | | | 10/31/2 | 10/31/2017 | |
| Signature of Authorized Person | <i>b</i> | | | | | |

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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