RI SOS Filing Number: 201754101540 Date: 11/27/2017 4:00:00 PM



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.

2817 NOV 27 PM 3: 29

1. Entity ID Number 001335322		2. Exact name of the Limited Liability Company  LENZING MEDICAL DEVICE DEVLEOPMENT, LLC				
3. NAICS Code	4. Brief des	Brief description of the character of business conducted in Rhode Island				
541690	Medical de	Medical device development services				
5. State of Formation		1				
Rhode Island						
6. Principal Office Address			City	State	Zip	
28 Rushton Drive			Cranston	Rí	02905	
7. Mailing Address of Limite	d Liability Compa	ny and Name o				
Contact Name Ross Lenzing			Contact Title Member, Owner			
Stree: Address 28 Rushton Drive			City Cranston	State RI	<sup>Zip</sup> 02905	
ತೆ. List <b>ALL managers (nam</b>	es and addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
<b>C</b> 'ty	State	Zip	City	State	Zip	
Manager Name		<del></del>	Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to	indicate an attachment	
9. Resident Agent in Rhode	Island. This inform	nation is currently	of record with the Department of S	tate. Changes require fili	ng Form 642.	
Under penalty of perjury, statements, and that all st			examined this report, includi true and correct.	ng any accompanyir	ng schedules and	
Name of Authorized Person				Date	1/1/2=17	
Ross Lenzing			28/	Vov 2017		
Signature of Authorized Per	rson	SIG	N DOCUMENT 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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FORM 632 - Revised: 10/2017