



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000126468		2. Exact name of the Corporation Orthocare America, Inc.			
3. Principal Office Address 199 S. Chillicothe Road Suite 100			City Aurora	State OH	Zip 44202
4. NAICS Code 621399		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michele E. Angell			Vice-President Name Michele E. Angell		
Street Address 199 S. Chillicothe Road Suite 100			Street Address 199 S. Chillicothe Road Suite 100		
City Aurora	State OH	Zip 44202	City Aurora	State OH	Zip 44202
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michele E. Angell			Director Name		
Street Address 199 S. Chillicothe Road Suite 100			Street Address		
City Aurora	State OH	Zip 44202	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No PAR Value
11. 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.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Michele E. Angell, President				Date 12/29/2017	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

FILED

JAN 22 2018

BY 4643

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov