



**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: 2018

1. Corporate ID No. 001662912

2. Name of Corporation Wright Therapy Products, Inc

3. Street Address Principal Business Office:

No. and Street: 103B INTERNATIONAL DRIVE

City or Town: OAKDALE

State: PA Zip: 15071 Country: USA

4. Business Phone No.

5. State of Incorporation

State: PA

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

334510

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

DURABLE MEDICAL EQUIPMENT

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
CEO, DIRECTOR	DANIEL TODD HEALY	5825 CARNEGIE BLVD CHARLOTTE, NC 28209 USA
CFO, DIRECTOR	GUISEPPE PASQUALLE	5825 CARNEGIE BLVD

	CARPINELLI	CHARLOTTE, NC 28209 USA
SECRETARY, TREASURER	KATE KUNDA	103-B INTERNATIONAL DRIVE OAKDALE, PA 15071 USA
CHIEF TECH OFFICER, EVP	CAROL WRIGHT	103B INTERNATIONAL DRIVE OAKDALE, PA 15071 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	100.00	100
CWP		\$0.0000	100.00	0

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 12 Day of February, 2018 at 8:48:47 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 KATE KUNDA
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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