



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.scs.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2017

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|                                                                                                                                                                     |       |                                                                                                                                                         |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID No.<br><b>000907962</b>                                                                                                                                |       | 2. Exact name of the limited liability company<br><b>Renovo Solutions, LLC</b>                                                                          |                    |
| 3. State of Formation<br><b>California</b>                                                                                                                          |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Maintenance and repair service of medical equipment</b> <b>811219</b> |                    |
| 5. Principal office address<br><b>4 Executive Circle, Suite 185</b>                                                                                                 |       | City<br><b>Irvine</b>                                                                                                                                   | State<br><b>CA</b> |
|                                                                                                                                                                     |       | Zip<br><b>92614</b>                                                                                                                                     |                    |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                |       |                                                                                                                                                         |                    |
| Contact Name<br><b>Jeanette King</b>                                                                                                                                |       | Contact Title<br><b>Accounting Manager</b>                                                                                                              |                    |
| Street Address<br><b>4 Executive Circle, Suite 185</b>                                                                                                              |       | City<br><b>Irvine</b>                                                                                                                                   | State<br><b>CA</b> |
|                                                                                                                                                                     |       | Zip<br><b>92614</b>                                                                                                                                     |                    |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. • DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                                                                         |                    |
| Manager Name                                                                                                                                                        |       | Manager Name                                                                                                                                            |                    |
| Street Address                                                                                                                                                      |       | Street Address                                                                                                                                          |                    |
| City                                                                                                                                                                | State | City                                                                                                                                                    | State              |
| Zip                                                                                                                                                                 |       | Zip                                                                                                                                                     |                    |
| Manager Name                                                                                                                                                        |       | Manager Name                                                                                                                                            |                    |
| Street Address                                                                                                                                                      |       | Street Address                                                                                                                                          |                    |
| City                                                                                                                                                                | State | City                                                                                                                                                    | State              |
| Zip                                                                                                                                                                 |       | Zip                                                                                                                                                     |                    |
| 8. RESIDENT AGENT IN RHODE ISLAND                                                                                                                                   |       |                                                                                                                                                         |                    |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.                                                   |       |                                                                                                                                                         |                    |

**FILED**

**FEB 14 2018**

BY 304270  
**A.A. 2:49 pm**

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Filing Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
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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.

Signature of Authorized Person *Hareesh S. Satyan* Date 2/16/17  
 Print or Type Name of Authorized Person **HAREESH S. SATYAN**