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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

ightarrow Penalty: Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number	2. Exact name of the Limited Liability Company				
0001659481	BURLINGTON MEDICAL LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
339110					
5. State of Formation					
VA SALES OF MEDICAL EQUIPMENT AND SUPPLIES					
6. Principal Office Address			City	State	Zip
3 ELMHURST STREET			NEWPORT NEWS	VA	23603-1137
7. Malling Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name			Contact Title		
JOHN WILLIAMS			CEO		
Street Address			City	State	Zip
3 ELMHURST STREET			NEWPORT NEWS	_ VA	23603
8. List ALL managers (na	mes and addresses) of	he Limited Liability Co	ompany, IF APPLICABLE - DO NOT L	IST MEMBERS	
Manager Name John Williams			Manager Name		
3 EMNUST Street			Street Address		
City NOWDONT	News VA	21023	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	<u></u>	<u></u>	<u> </u>	Charles have a	<u> </u>
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Person				Date	
JOHN WILLIAMS		//			15-18
Signature of Authorized Person					
- june (11 "1)					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.rl.gov

FILED
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FORM 632 - Revised: 08/2017