



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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 000486668		2. Exact name of the Corporation Systagenix Wound Management (US), Inc.			
3. Principal Office Address 12930 W. Interstate 10		City San Antonio		State TX	Zip 78249-2248
4. NAICS Code 423450		6. Brief description of the character of business conducted in Rhode Island Medical equipment sales for wound care			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gaurav S. Agarwal			Vice-President Name Rohit S. Kashyap		
Street Address 12930 W. Interstate 10			Street Address 12930 W. Interstate 10		
City San Antonio	State TX	Zip 78249-2248	City San Antonio	State TX	Zip 78249-2248
Secretary Name John T. Bibb			Treasurer Name Caleb A. Moore		
Street Address 12930 W. Interstate 10			Street Address 12930 W. Interstate 10		
City San Antonio	State TX	Zip 78249-2248	City San Antonio	State TX	Zip 78249-2248
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John T. Bibb			Director Name N/A		
Street Address 12930 W. Interstate 10			Street Address		
City San Antonio	State TX	Zip 78249-2248	City	State	Zip
Director Name N/A			Director Name N/A		
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
		1,000		Common	0.01
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 John T. Bibb					Date 6/26/18
Signature of Authorized Representative 					

SIGN DOCUMENT **FILED**

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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