



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

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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
Stamp  
2018 JUN 27 AM 10:49

1. Entity ID Number <b>000486668</b>		2. Exact name of the Corporation <b>Systagenix Wound Management (US), Inc.</b>												
3. Principal Office Address <b>12930 W. Interstate 10</b>			City <b>San Antonio</b>	State <b>TX</b>	Zip <b>78249-2248</b>									
4. NAICS Code <b>423450</b>		6. Brief description of the character of business conducted in Rhode Island <b>Medical equipment sales for wound care</b>												
5. State of Incorporation <b>DE</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Gaurav S. Agarwal</b>			Vice-President Name <b>Rohit S. Kashyap</b>											
Street Address <b>12930 W. Interstate 10</b>			Street Address <b>12930 W. Interstate 10</b>											
City <b>San Antonio</b>	State <b>TX</b>	Zip <b>78249-2248</b>	City <b>San Antonio</b>	State <b>TX</b>	Zip <b>78249-2248</b>									
Secretary Name <b>John T. Bibb</b>			Treasurer Name <b>Caleb A. Moore</b>											
Street Address <b>12930 W. Interstate 10</b>			Street Address <b>12930 W. Interstate 10</b>											
City <b>San Antonio</b>	State <b>TX</b>	Zip <b>78249-2248</b>	City <b>San Antonio</b>	State <b>TX</b>	Zip <b>78249-2248</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>John T. Bibb</b>			Director Name <b>N/A</b>											
Street Address <b>12930 W. Interstate 10</b>			Street Address											
City <b>San Antonio</b>	State <b>TX</b>	Zip <b>78249-2248</b>	City	State	Zip									
Director Name <b>N/A</b>			Director Name <b>N/A</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
This information is currently of record in the Department of State.  Changes require an additional filing.			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1,000</td> <td style="text-align: center;">Common</td> <td style="text-align: center;">0.01</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	Common	0.01			
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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. <b>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.</b>														
Name of Authorized Representative <b>John T. Bibb</b>					Date <b>6/26/18</b>									
Signature of Authorized Representative 					SIGN DOCUMENT <b>FILED</b>									

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

JUN 27 2018  
BY **333655**  
**A.A. 10:53 A.M.**

FORM 630 - Revised: 10/2017