



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

**Annual Report for the year: 2017**  
**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

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.			NUMBER OF SHARES	C. ASSOCIATES	PAR VALUE
			<b>1,000</b>	<b>Common</b>	<b>0.01</b>
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>6/26/2018</b>
Signature of Authorized Representative 					<b>FILED</b> JUN 27 2018 BY <b>333655</b> <b>A.A. 10:52A.M.</b>
SIGN DOCUMENT HERE					

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