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

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CORPORATIONS DIV

2019 JAN 23 PM 4: 16

Annual Report for the year: 2018
Limited Liability Company

→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

1. Entity ID Number 1660490	2. Exact name of the Limited Liability Company **Orthopedix, LLC**			
3. NAICS Code 541690	4. Brief description of the character of business conducted in Rhode Island Development of orthopedic medical devices.			
5. State of Formation RI				
6. Principal Office Address 45 Hidden Street, #C	City Providence	State RI	Zip 02906	

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name Adam Eltorai	Contact Title Manager		
Street Address 7 North Main Street, #1433	City Old Saybrook	State CT	Zip 06475

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name Adam Eltorai			Manager Name		
Street Address 7 North Main Street, #1433			Street Address		
City Old Saybrook	State CT	Zip 06475	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

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 Adam Eltorai	Date Jan 22, 2019
Signature of Authorized Person *Adam Eltorai* Adam Eltorai (Jan 22, 2019)	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

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FORM 632 - Revised: 10/2017