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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2019 JAN 23 PM 4: 16

Annual Report for the year: 2017 **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	Brief description of the character of business conducted in Rhode Island Development of orthopedic medical devices.					
5. State of Formation RI	_					
Principal Office Address 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 E. M. Eltorai			Contact Title Manager			
Street Address 7 North Main St, #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 E. M. 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	
	· <u> </u>	<u> </u>		Check the box to in	dicate 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				Date	Date	
Adam Eltorai				Jan 22, 201	Jan 22, 2019	
Signature of Authorized Person <u>Adam Eltoral</u> Adam (Inna: (Jan 72, 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 FILED
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BY Cn 4F64Z

FORM 632 - Revised: 08/2017