



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: 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		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 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
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person Adam Eltorai				Date Jan 22, 2019	
Signature of Authorized Person <i>Adam Eltorai</i> <small>Adam Eltorai (Jan 22, 2019)</small>			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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