



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

Annual Report for the year: **2019**  
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  
CORPORATE  
2019 FEB 22 AM 8:32  
02910

1. Entity ID Number <b>000019808</b>		2. Exact name of the Corporation <b>Rhode Island Limb Co.</b>			
3. Principal Office Address <b>1559 Elmwood Avenue</b>		City <b>Cranston</b>		State <b>RI</b>	Zip <b>02910</b>
4. NAICS Code <b>339113</b>	6. Brief description of the character of business conducted in Rhode Island <b>Manufacturing Artificial Limbs</b>				
5. State of Incorporation <b>Rhode Island</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>Jonathan R. Teoli</b>			Vice-President Name <b>Jonathan R. Teoli</b>		
Street Address <b>96 Carrs Pond Road</b>			Street Address <b>96 Carrs Pond Road</b>		
City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>
Secretary Name <b>Jonathan R. Teoli</b>			Treasurer Name <b>Jonathan R. Teoli</b>		
Street Address <b>96 Carrs Pond Road</b>			Street Address <b>96 Carrs Pond Road</b>		
City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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		CLASS/SERIES
			200		Common
					PAR VALUE
					No Par
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>Jonathan R. Teoli</b>					Date <b>2-14-19</b>
Signature of Authorized Representative 					

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  
FEB 22 2019  
BY X5YUM  
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FORM 630 - Revised: 10/2017