



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2019

**1. Corporate ID No.** 000161600

**2. Name of Corporation** IlluminOss Medical, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 993 WATERMAN AVENUE

City or Town: EAST PROVIDENCE

State: RI

Zip: 02914

Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: DE

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541700

**6. Brief Description of the Character of Business Conducted in Rhode Island**

DESIGN DEVELOPMENT AND MANUFACTURING OF MINIMALLY INVASIVE MEDICAL DEVICES ORTHOPAEDIC

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name	Address
PRESIDENT	ROBERT A RABINER	993 WATERMAN AVENUE EAST PROVIDENCE, RI 02914 USA

TREASURER	ROBERT A RABINER	993 WATERMAN AVENUE EAST PROVIDENCE, RI 02914 US
SECRETARY	ROBERT A. RABINER	993 WATERMAN AVENUE EAST PROVIDENCE, RI 02914 US
VICE PRESIDENT	MARTIN ASCHENBRENER	993 WATERMAN AVENUE EAST PROVIDENCE, RI 02914 USA

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
PWP	A	\$0.0100	12,132,009.00	0
PWP	B	\$0.0100	29,224,813.00	17427487
CWP		\$0.0100	60,000,000.00	196424

**9. 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.**

**Signed this 1 Day of March, 2019 at 1:00:15 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By ROBERT A RABINER  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

© 2007 - 2019 State of Rhode Island and Providence Plantations  
All Rights Reserved