



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>103423</b>		2. Name of Corporation <b>Smith &amp; Nephew, Inc.</b>			
3. Street Address: Principal Business Office <b>1450 Brooks Road</b>			City <b>Memphis</b>	State <b>TN</b>	Zip <b>38116</b>
4. Business Phone No. <b>901-396-2121</b>		5. State of Incorporation <b>DELAWARE</b>		6. SIC Code <b>0</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO DESIGN, MANUFACTURE AND DISTRIBUTE MEDICAL PRODUCTS.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>JAMES A. RALSTON</b>			Vice President Name		
Street Address <b>1450 Brooks Road</b>			Street Address		
City <b>Memphis</b>	State <b>TN</b>	Zip <b>38116</b>	City	State	Zip
Secretary Name <b>JAMES A. RALSTON</b>			Treasurer Name		
Street Address <b>1450 Brooks Road</b>			Street Address		
City <b>Memphis</b>	State <b>TN</b>	Zip <b>38116</b>	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>David Illingworth</b>			Director Name <b>James A. Ralston</b>		
Street Address <b>1450 Brooks Road</b>			Street Address <b>1450 Brooks Road</b>		
City <b>Memphis</b>	State <b>TN</b>	Zip <b>38116</b>	City <b>Memphis</b>	State <b>TN</b>	Zip <b>38116</b>
Director Name <b>James M. Taylor</b>			Director Name		
Street Address <b>150 Minuteman Road</b>			Street Address		
City <b>Andover</b>	State <b>MA</b>	Zip <b>01810</b>	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>3,000 COMM \$0.01 PAR VALUE</b>			<b>1000</b>	<b>Common</b>	<b>.01</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*103423\*

File Date 2-28-05  
Check No. 48336  
By: 2  
FOR SECRETARY OF STATE USE ONLY

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.

James A. Ralston 2-20-05  
Signature of Officer Date  
James A. Ralston  
Print or Type Name of Officer  
Secretary  
Title of Officer

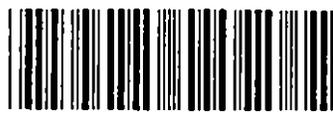


**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>103423</b>		2. Name of Corporation <b>Smith &amp; Nephew, Inc.</b>			
3. Street Address Principal Business Office <b>1450 Brooks Road</b>			City <b>Memphis</b>	State <b>TN</b>	Zip <b>38116</b>
4. Business Phone No. <b>901-396-2121</b>		5. State of Incorporation <b>DELAWARE</b>		6. SIC Code <b>0</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO DESIGN, MANUFACTURE AND DISTRIBUTE MEDICAL PRODUCTS.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>James A. Ralston</b>			Vice President Name		
Street Address <b>1450 Brooks Road</b>			Street Address		
City <b>Memphis</b>	State <b>TN</b>	Zip <b>38116</b>	City	State	Zip
Secretary Name <b>James A. Ralston</b>			Treasurer Name <b>Thomas Finnerty</b>		
Street Address <b>1450 Brooks Road</b>			Street Address <b>150 Minuteman Road</b>		
City <b>Memphis</b>	State <b>TN</b>	Zip <b>38116</b>	City <b>Andover</b>	State <b>MA</b>	Zip <b>01810</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>David ILLINGWORTH</b>			Director Name <b>JAMES A. RALSTON</b>		
Street Address <b>1450 Brooks Road</b>			Street Address <b>1450 Brooks Road</b>		
City <b>Memphis</b>	State <b>TN</b>	Zip <b>38116</b>	City <b>Memphis</b>	State <b>TN</b>	Zip <b>38116</b>
Director Name <b>James M. Taylor</b>			Director Name		
Street Address <b>150 Minuteman Road</b>			Street Address		
City <b>Andover</b>	State <b>MA</b>	Zip <b>01810</b>	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>3,000 COMM</b>	<b>\$0.01 PAR VALUE</b>		<b>1000</b>	<b>common</b>	<b>.01</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 3 4 2 3 \*

File Date 02/22/04  
Check No. 14093  
By: W.  
FOR SECRETARY OF STATE USE ONLY

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.

James A. Ralston 3-1-04  
Signature of Officer Date  
James A. Ralston  
Print or Type Name of Officer  
Secretary  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **103423**  
2. Name of Corporation **Smith & Nephew, Inc.**  
3. Street Address Principal Business Office  
**1450 Brooks Road**  
4. Business Phone No. **901-396-2121**  
5. State of Incorporation **DELAWARE**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Sale of medical products**

City **Memphis** State **TN** Zip **38116**  
6. SIC Code **0**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **James A. Ralston**  
Street Address **1450 Brooks Road**  
City **Memphis** State **TN** Zip **38116**

Vice President Name  
Street Address  
City State Zip

Secretary Name **James A. Ralston**  
Street Address **1450 Brooks Road**  
City **Memphis** State **TN** Zip **38116**

Treasurer Name **Ron Sparks**  
Street Address **150 Minuteman Road**  
City **Andover** State **MA** Zip **01810**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **David Illingworth**  
Street Address **1450 Brooks Road**  
City **Memphis** State **TN** Zip **38116**

Director Name **Ron Sparks**  
Street Address **150 Minuteman Road**  
City **Andover** State **MA** Zip **01810**

Director Name **James A. Ralston**  
Street Address **1450 Brooks Road**  
City **Memphis** State **TN** Zip **38116**

Director Name  
Street Address  
City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,214,920 \$100.00 PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value

**3000 common voting .01 par value 1000 common voting .01 par value**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 3 4 2 3 FILED

File Date: **5-5-03** **MAY 05 2003**

Check No.: **630406** By: \_\_\_\_\_

By: **AMF**

FOR SECRETARY OF STATE USE ONLY

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.

**James A. Ralston** 2-24-03  
Signature of Officer Date

**Secretary - James A. Ralston**  
Print or Type Name of Officer

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **103423**  
2. Name of Corporation **Smith & Nephew, Inc.**  
3. Street Address Principal Business Office  
**1450 Brooks Rd**  
4. Business Phone No. **901/396-2121**  
5. State of Incorporation **DELAWARE**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Sale of Medical Products**

City **Memphis** State **TN** Zip **38116**  
6. SIC Code **0**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Larry Papasan**  
Street Address **1450 Brooks Rd**  
City **Memphis** State **TN** Zip **38116**  
Secretary Name **James A Ralston**  
Street Address **1450 Brooks Rd**  
City **Memphis** State **TN** Zip **38116**

Vice President Name **James A Ralston**  
Street Address **1450 Brooks Rd.**  
City **Memphis** State **TN** Zip **38116**  
Treasurer Name **Ron Sparks**  
Street Address **160 Dascomb Rd.**  
City **Andover** State **MA** Zip **01810**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **Larry Papasan**  
Street Address **1450 Brooks Rd**  
City **Memphis** State **TN** Zip **38116**  
Director Name **James A Ralston**  
Street Address **1450 Brooks Rd**  
City **Memphis** State **TN** Zip **38116**

Director Name **Ron Sparks**  
Street Address **160 Dascomb Rd**  
City **Andover** State **MA** Zip **01810**

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,214,920	\$100.00	PAR VALUE

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	1,052,042		\$100.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 3 4 2 3 \*

File Date: 2/14/02

Check No.: 594026

By: JB

FOR SECRETARY OF STATE USE ONLY

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.

James A Ralston 2/8/02  
Signature of Officer Date

James A Ralston  
Print or Type Name of Officer

Secretary  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **103423** 2. Name of Corporation **Smith & Nephew, Inc.**

3. Street Address Principal Business Office: **1450 Brooks Rd** City: **Memphis** State: **TN** Zip: **38116**  
4. Business Phone No. **901/396-2121** 5. State of Incorporation **DELAWARE** 6. SIC Code **8**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Sale of Medical Products**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

<p>President Name <b>Larry Papasan</b> Street Address <b>1450 Brooks Rd</b> City: <b>Memphis</b> State: <b>TN</b> Zip: <b>38116</b></p> <p>Secretary Name <b>James A Ralston</b> Street Address <b>1450 Brooks Rd</b> City: <b>Memphis</b> State: <b>TN</b> Zip: <b>38116</b></p>	<p>Vice President Name <b>James A Ralston</b> Street Address <b>1450 Brooks Rd</b> City: <b>Memphis</b> State: <b>TN</b> Zip: <b>38116</b></p> <p>Treasurer Name <b>Ron Sparks</b> Street Address <b>160 Dascomb</b> City: <b>Andover</b> State: <b>MA</b> Zip: <b>01810</b></p>
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**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

<p>Director Name <b>Larry Papasan</b> Street Address <b>1450 Brooks Rd</b> City: <b>Memphis</b> State: <b>TN</b> Zip: <b>38116</b></p> <p>Director Name <b>James A Ralston</b> Street Address <b>1450 Brooks Rd</b> City: <b>Memphis</b> State: <b>TN</b> Zip: <b>38116</b></p>	<p>Director Name <b>Ron Sparks</b> Street Address <b>160 Dascomb</b> City: <b>Andover</b> State: <b>MA</b> Zip: <b>01810</b></p>
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**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>1,214,920</b>	<b>\$100.00</b>	<b>PAR VALUE</b>

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>1,052,042</b>		<b>\$100.00</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 3 4 2 3 \*

File Date: 2/2

Check No.: 564454

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

James A Ralston 1/29/01  
Signature of Officer Date

James A Ralston  
Print or Type Name of Officer

Secretary  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **103423**  
2. Name of Corporation **Smith & Nephew, Inc.**  
3. Street Address Principal Business Office  
**1450 Brooks Rd.**  
4. Business Phone No. **901/396-2121**  
5. State of Incorporation  
**DELAWARE**

City **Memphis** State **TN** Zip **38116**  
6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Distribute Medical Products**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Larry Papasan**  
Street Address **1450 Brooks Rd**  
City **Memphis** State **TN** Zip **38116**

Vice President Name  
Street Address  
City State Zip

Secretary Name **James A Ralston**  
Street Address **1450 Brooks Rd.**  
City **Memphis** State **TN** Zip **38116**

Treasurer Name **Cliff Lomax**  
Street Address **1450 Brooks Rd.**  
City **Memphis** State **TN** Zip **38116**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **Larry Papasan**  
Street Address **See Above**  
City State Zip

Director Name **James A. Ralston**  
Street Address **See Above**  
City State Zip

Director Name **Cliff Lomax**  
Street Address **See Above**  
City State Zip

Director Name  
Street Address  
City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,214,920	\$100.00 PAR VAL	

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	1,052,042	Voting Common	\$100 00
	10	Non Voting Common	\$100 00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 3 4 2 3 \*

File Date: 5/8/00

Check No.: 543941

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

James A Ralston 4-17-00  
Signature of Officer Date

James A Ralston  
Print or Type Name of Officer

Secretary  
Title of Officer

Officers:

Robert A Lucas  
Assistant Secretary  
1450 Brooks Rd.  
Memphis, TN 38116

Jean Mercer  
Assistant Secretary  
1450 Brooks Rd.  
Memphis, TN 38116

Joel Petrow  
Assistant Secretary  
1450 Brooks Rd.  
Memphis, TN 38116

Dennis Watson  
Assistant Secretary  
1450 Brooks Rd.  
Memphis, TN 38116

Tony Parish  
Assistant Secretary  
1450 Brooks Rd.  
Memphis, TN 38116

Shares Issued:

<del>1,052,042</del>	<del>Voting Common</del>	<del>\$100 par</del>
<del>10</del>	<del>Non-Voting Common</del>	<del>\$100 par</del>
3,178	Voting Sr. Pref	\$100 par



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **103423** 2. Name of Corporation **Smith & Nephew, Inc.**  
3. Street Address Principal Business Office  
**1450 Brooks Rd.** City **Memphis** State **TN** Zip **38116**  
4. Business Phone No. **801/396-2121** 5. State of Incorporation **DELAWARE** 6. SIC Code

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <b>Larry Papasan</b> Street Address <b>1450 Brooks Rd.</b> City <b>Memphis</b> State <b>TN</b> Zip <b>38116</b>	Vice President Name <b>Barbara Halliburton</b> Street Address <b>1450 Brooks Rd.</b> City <b>Memphis</b> State <b>TN</b> Zip <b>38116</b>
Secretary Name <b>James A. Ralston</b> Street Address <b>1450 Brooks Rd</b> City <b>Memphis</b> State <b>TN</b> Zip <b>38116</b>	Treasurer Name <b>Cliff Lomax</b> Street Address <b>1450 Brooks Rd.</b> City <b>Memphis</b> State <b>TN</b> Zip <b>38116</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <b>Larry Papasan</b> Street Address <b>See Above</b> City State Zip	Director Name <b>James A. Ralston</b> Street Address <b>See Above</b> City State Zip
Director Name <b>Cliff Lomax</b> Street Address <b>See Above</b> City State Zip	Director Name <b>Brian Splan</b> Street Address <b>1450 Brooks Rd</b> City <b>Memphis</b> State <b>TN</b> Zip <b>38116</b>

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value

**1,214,920 \$100.00 PAR VAL**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 11/15/99

Check No.: 16638

By: [Signature]

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.

[Signature] 3/11/99  
Signature of Officer Date

Robert A. Lucas  
Print or Type Name of Officer

ASSISTANT SECRETARY

State of Rhode Island

Attachment

Officers:

Robert A. Lucas  
Assistant Secretary  
1450 Brooks Rd.  
Memphis, TN 38116

Jean Mercer  
Assistant Secretary  
1450 Brooks Rd.  
Memphis, TN 38116

Joel Petrow  
1450 Brooks Rd.  
Memphis, TN 38116

Shares Issued:

1,052,042	Voting Common	\$100 par
10	Non-Voting Common	\$100 par
3,178	Voting Sr. Pref	\$100 par
1,052,230	Total	