S S	tate of Rhode Island and Pro Office of the Secreta		ns Fee: \$50.00
Division Of Business Services			
148 W. River Street Providence RI 02904-2615			
(401) 222-3040			
Limited Liability Company Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2019			
1. ID No. <u>001339416</u>			
2. Exact Name of the Limited Liability Company <u>GLIAVIEW LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
541714			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
MEDICAL DEVICE AND BIOTECHNOLOGY COMPANY			
5. Principal Office Addre	SS		
No. and Street: 118 DUDLEY STREET			
	DVIDENCE State:	: <u>RI</u> Zip: <u>02905</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
	DUDLEY STREET VIDENCE State	: RI Zip: 02905	Country: USA
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Add	ress
	First, Middle, Last, Suffix	Address, City or Town, S	State, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

PAMELA J. GILBERT <u>118 DUDLEY STREET</u> PROVIDENCE , <u>RI</u> <u>02905</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of September, 2019 at 11:00:59 AM by the authorized person. 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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By ADITYA DHANDHANIA

Signature of Authorized Person

Form No. 632 Revised 09/07

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