s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00		
	Division Of Business 148 W. River St Providence RI 0290 (401) 222 20	reet 4-2615			
HOPE	(401) 222-304	ŧ0			
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>000768462</u>					
2. Exact Name of the Limited Liability Company <u>BIOVENTUS LLC</u>					
3. State of Formation					
State: <u>DE</u>	State: <u>DE</u>				
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.					
<u>339113</u>					
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island					
DEVELOPS AND MARKETS ORTHOPEDIC DIAGNOSTIC AND THERAPIES THAT HELP					
PATIENTS REGAIN ACTIVE LIFESTYLES					
5. Principal Office Address					
No. and Street: 4721 EMPEROR BLVD., SUITE 100					
City or Town: DURHA	AM	State: <u>NC</u> Zip: <u>27703</u> Cou	ıntry: <u>USA</u>		
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:					
Contact Name: Contact Title:					
No. and Street: 4721 EMPEROR BLVD.					
	SUITE 100 City or Town: DURHAM State: NC Zip: 27703 Country: USA				
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS					
Title	Individual Name	Address			
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Co	ode, Country		

WILLIAM A HAWKINS

MANAGER

3630 PEACHTREE ROAD, NW#2903

		ATLANTA, GA 30326 US	
MANAGER	MARTIN P. SUTTER	21 WATERWAY AVE, STE 225 THE WOODLANDS, TX 77380 US	
MANAGER	ANTHONY P BIHL III	4721 EMPEROR BLVD., STE 100 DURHAM, NC 27703 US	
MANAGER	PHIL COWDY	SMITH & NEPHEW, 15 ADAM ST. LONDON, WC2N 6LA UK	
MANAGER	GUIDO J. NEELS	7916 DEAN ROAD INDIANAPOLIS, IN 46240 US	
MANAGER	GUY P NOHRA	ONE EMBARCADERO CENTER, 37TH FLR SAN FRANCISO, CA 94111 US	
MANAGER	BRAD CANNON	150 MINUTEMAN ROAD ANDOVER, MA 01810 USA	
MANAGER	DAVID J. PARKER	12481 HIGH BLUFF DR., STE 350 SAN DIEGO, CA 92130 US	
MANAGER	SUSAN STALNECKER	55 SELBORNE DRIVE WILMINGTON, DE 19807 USA	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 22 Day of October, 2019 at 2:53:17 PM 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 <u>WHITNEY A MEEKS</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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