RI SOS Filing Number: 202035933870 Date: 3/5/2020 4:00:00 PM

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

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Annual Report for the year: 2020
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation		
000165293	LivaNova Holding USA, Inc.		
3. Principal Office Address	**City**	**State**	**Zip**
100 CYBERONICS BOULEVARD	HOUSTON	TX	77058
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
423450	MEDICAL DEVICE DISTRIBUTOR		
5. State of Incorporation			
DE			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name Marie T. Lopez		
Street Address			Street Address 100 CYBERONICS BLVD		
City	State	Zip	City HOUSTON	State TX	Zip 77058
Secretary Name Taylor Pollock			Treasurer Name Trisha Prejean		
Street Address 14401 WEST 65TH WAY			Street Address 100 CYBERONICS BLVD		
City ARVADA	State CO	Zip 80004	City HOUSTON	State TX	Zip 77058

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name Taylor Pollock			Director Name Douglas Manko		
Street Address 100 CYBERONICS BLVD			Street Address 100 CYBERONICS BLVD		
City HOUSTON	State TX	Zip 77058	City HOUSTON	State TX	Zip 77058
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Class A Common	$0.01

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.

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.

Name of Authorized Representative	Date
Taylor Pollock, Vice President & Secretary	03/04/2020

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED
MAR 05 2020
BY CR A0847

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017