














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

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 MAR -6 P 12:16

1. Entity ID Number  000119258		2. Exact name of the Corporation  LivaNova USA, Inc.			
3. Principal Office Address  100 CYBERONICS BOULEVARD			City HOUSTON	State TX	Zip 77058
4. NAICS Code  339112		6. Brief description of the character of business conducted in Rhode Island  SALES OF IMPLANTABLE MEDICAL DEVICES.			
5. State of Incorporation  DE					
7. List ALL officers (names and addresses)  Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul Buckman			Vice-President Name Marie T. Lopez		
Street Address 100 CYBERONICS BLVD			Street Address 100 CYBERONICS BLVD		
City HOUSTON	State TX	Zip 77058	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 <input type="checkbox"/>					
Director Name Lawrence Lin			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 Taylor Pollock			Director Name		
Street Address 100 CYBERONICS BLVD			Street Address		
City HOUSTON	State TX	Zip 77058	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued  Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SES		
			PAR VALUE		
			Common Stock		
			\$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 Taylor Pollock, Secretary					Date 03/05/2020
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

FILED

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

MAR 06 2020
BY CM SVYNP
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FORM 630 - Revised: 10/2017