



**State of Rhode Island
Office of the Secretary of State**

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: 2020

1. ID No. 000148260

2. Exact Name of the Limited Liability Company XIMEDICA, LLC

3. State of Formation

State: RI

ARTICLE III

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.

813910

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

DESIGN, MANUFACTURE, SALE AND DISTRIBUTION OF MEDICAL PRODUCTS

5. Principal Office Address

No. and Street: 55 DUPONT DRIVE

City or Town: PROVIDENCE

State: RI

Zip: 02907

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: THOMAS PATTON Contact Title: MANAGER

No. and Street: 55 DUPONT DRIVE

City or Town: PROVIDENCE

State: RI

Zip: 02907

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	AIDAN PETRIE	55 DUPONT DRIVE PROVIDENCE, RI 02907 USA
MANAGER	RANDALL BARKO	55 DUPONT DRIVE

		PROVIDENCE, RI 02907 USA
MANAGER	MICHAEL BALMUTH	ONE BOSTON PLACE, 201 WASHINGTON ST., STE 3900 BOSTON, MA 02108 USA
MANAGER	THOMAS PATTON	55 DUPONT DRIVE PROVIDENCE, RI 02907 USA
MANAGER	GREG MADDEN	55 DUPONT DRIVE PROVIDENCE, RI 02907 USA

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

W. THOMAS HUMPHREYS, ESQ. CAMERON & MITTLEMAN LLP 301 PROMENADE STREET
PROVIDENCE , RI 02908

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 October, 2020 at 1:15:43 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 THOMAS PATTON
Signature of Authorized Person

Form No. 632
Revised 09/07

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