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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019 **Limited Liability Company**

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25,00 fee if form is not filed by December 1.

1. Entity ID Number 000794249	2. Exact name of the Limited Liability Company Covidien Sales LLC					
3. NAICS Code 423990	Brief description of the character of business conducted in Rhode Island Healthcare Services					
5. State of Formation Delaware						
6. Principal Office Address 15 Hampshire Street			City wansfield	State MA	Zıp 02048	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Andrea Mittyng			Contact Title Paralegal			
Street Address 710 Medtronic Parkway			City Minneapolis	State MN	^{Ζιρ} 55432	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
· · · · · · · · · · · · · · · · · · ·	1			Check the box to in	ndicate an attachment	
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
Under penalty of perjury, I dec statements, and that all staten				g any accompanyin	g schedules and	
Name of Authorized Person				Date	Date	
Anne Ziebell				10/23/2020		
Signature of Authorized Person						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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