



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

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Annual Report for the year: **2017**

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		4. 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 Mansfield	State MA	Zip 02048	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Andrea Mitlyng			Contact Title Paralegal		
Street Address 710 Medtronic Parkway		City Minneapolis	State MN	Zip 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	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person Anne Ziebell				Date 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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FILED

FEB 08 2021

BY **YCHEA**
FORM 632 - Revised, 10/2017