



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

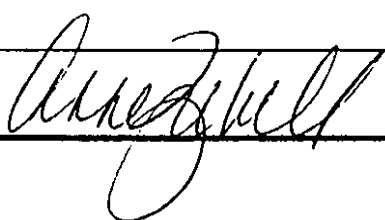
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R.I. DEPT. OF STATE
BUS. SVCS. DIV.

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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 000326159		2. Exact name of the Limited Liability Company Nellcor Puritan Bennett LLC	
3. NAICS Code 339110		4. Brief description of the character of business conducted in Rhode Island Healthcare Services	
5. State of Formation Delaware			
6. Principal Office Address 5920 Longbow Drive		City Boulder	State CO Zip 80301
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 Phillip Albert		Manager Name Jason Bristow	
Street Address 710 Medtronic Parkway		Street Address 710 Medtronic Parkway	
City Minneapolis	State MN	City Minneapolis	State MN Zip 55432
Manager Name Martha Ha		Manager Name	
Street Address 710 Medtronic Parkway		Street Address	
City Minneapolis	State MN	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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