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

FILED
APR 02 2021
BY 5138

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation			
000126468	Orthocare America, Inc.			
3. Principal Office Address		City	State	Zip
199 S Chillicothe Road Suite 100		Aurora	OH	44202
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
621399				
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Michele E Angell			Vice-President Name: Michele E. Angell		
Street Address: 199 S. Chillicothe Road Suite 100			Street Address: 199 S. Chillicothe Road Suite 100		
City: Aurora	State: OH	Zip: 44202	City: Aurora	State: OH	Zip: 44202
Secretary Name: Michele E. Angell			Treasurer Name: Michele E. Angell		
Street Address: 199 S. Chillicothe Road Suite 100			Street Address: 199 S. Chillicothe Road Suite 100		
City: Aurora	State: OH	Zip: 44202	City: Aurora	State: OH	Zip: 44202

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Michele E. Angell			Director Name		
Street Address: 199 S. Chillicothe Road Suite 100			Street Address		
City: Aurora	State: OH	Zip: 44202	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No Par Value

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	Date
Michele E. Angell	01/02/2021

Signature of Authorized Representative: Michele Angell — SIGN DOCUMENT HERE

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

FORM 630 - Revised: 10/2017