



State of Rhode Island
Department of State - Business Services Division

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 AUG 12 PM 3:19

Annual Report for the year: 2021
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 001694390		2. Exact name of the Limited Liability Company McClear Medical LLC			
3. NAICS Code 423450		4. Brief description of the character of business conducted in Rhode Island Sell stickers for the protection of patients eyes.			
5. State of Formation RI					
6. Principal Office Address 3 Canal St.		City Cumberland	State RI	Zip 02806	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Dan Birch			Contact Title COO		
Street Address 17 Townsend St.		City Barrington	State RI	Zip 02806	
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 02864	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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 Person Dan Birch				Date 07-30-21	
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

FILED

AUG 12 2021
 BY PKNOT
 A.A. 3:21 p.m.