



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. ID No.** 001704368

**2. Exact Name of the Limited Liability Company** Garwood Medical Devices, LLC

**3. State of Formation**

State: NY

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

339112

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

MEDICAL DEVICE COMPANY

**5. Principal Office Address**

No. and Street: 665 NORTHLAND AVENUE

City or Town: BUFFALO

State: NY

Zip: 14211

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: DOREEN MCCLAIN Contact Title:

No. and Street: 683 NORTHLAND AVENUE

City or Town: BUFFALO

State: NY

Zip: 14211

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**

**DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	DOREEN MCCLAIN	665 NORTHLAND AVENUE BUFFALO, NY 14211 USA
MANAGER	TIM KOPERA	665 NORTHLAND AVENUE

		BUFFALO, NY 14211 USA
MANAGER	MARY CANTY	665 NORTHLAND AVENUE BUFFALO, NY 14211 USA
MANAGER	STEPHEN TYRPAK	665 NORTHLAND AVENUE BUFFALO, NY 14211 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

JASON MARANHAO 144 NORTH STREET WARWICK , RI 02886

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 14 Day of December, 2021 at 2:29:27 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DOREEN M MCCLAIN  
Signature of Authorized Person

Form No. 632  
Revised 09/07