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	State of Rhode Island
	State of Rhode Island Department of State - Business Services Division

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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.

		 		=:			
Entity ID Number	2. Exact name	e of the Limited Lia	ability Company	· · · · · · · · · · · · · · · · · · ·			
001659366 Aspiera Medical LLC							
3. NAICS Code	NAICS Code 4. Brief description of the character of business conducted in Rhode Island						
424990 Reserach & Development			nalgesics and other products to relieve skin conditions				
5. State of Formation							
Deleware							
6. Principal Office Address			City	State	Zip		
184 Burnside Avenue			Woonsocket	RI	02895		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Edward Gerlach	· 		Contact Title CFO				
Street Address 184 Burnside Aver	ıue		City Woonsocket	State RI	^{Zip} 02895		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name David Goldsmith			Manager Name Philip Henderson				
Street Address 184 Burnside Aven	iue		Street Address 184 Burnside Avenue				
City Woonsocket	State RI	^{Zip} 02895	City Woonsocket	State RI	^{Zip} 02895		
Manager Name			Managor Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment							
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					Date		
Edward Gerlach	5/26/22						
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

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FORM 632 - Revised: 08/2020