

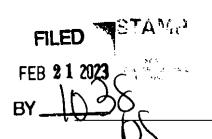
Annual Report for the year:  $\frac{2023}{}$  Limited Liability Company

2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number	2. Exact name of the Limited Liability Company			
001694857	BOUNDLESS MEDICAL VENTURES, LLC			
3. NAICS Code 541690	4. Brief description of the character of business conducted in Rhode Island MEDICAL DEVICE COMPANY INVESTMENT AND IMMIGRATION SERVICES			
5. State of Formation RI				
6. Principal Office Address		City	State	Zip
33 STANIFORD STREET		PROVIDENCE	RI	02905
7. Mailing Address of Limite	ed Liability Company and Name or I	Fitle of Contact Person		<b>,</b>
Contact Name PAUL AKERMAN, MD		Contact Title		
Street Address 33 STANIFORD STREET		City PROVIDENCE	State RI	<sup>Zip</sup> 02905
8. The Resident Agent infor	rmation currently of record with the l	RI Department of State is accura	ate. Changes requir	e filing Form 642.
	I declare and affirm that I have extatements contained herein are to		any accompanyin	g schedules and
Name of Authorized Person			Date	
PAUL AKERMAN, MD			2.17.23	
Signature of Authorized Pe	rson			

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov