

MAW4708 04/13/2023 9:32 PM Pg 1

State of Rhode Island  
 Department of State - Business Services Division

Annual Report for the year: 2023  
 Limited Liability Company

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**  
 APR 20 2023  
 BY 1093  
DS

1. Entity ID Number	2. Exact name of the Limited Liability Company		
<u>16081973</u>	<u>Hawk Medical, LLC</u>		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
<u>339110</u>	<u>Prosthetic medical equipment</u>		
5. State of Formation			
<u>RI</u>			
6. Principal Office Address	City	State	Zip
<u>1447 Chopmist Hill Road</u>	<u>North Scituate</u>	<u>RI</u>	<u>02857</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name	Contact Title		
<u>Michael Hawkins</u>	<u>MEMBER</u>		
Street Address	City	State	Zip
<u>1447 Chopmist Hill Road</u>	<u>North Scituate</u>	<u>RI</u>	<u>02857</u>
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<i>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.</i>			
Name of Authorized Person	Signature of Authorized Person		Date
<u>[Signature]</u>	<u>[Signature]</u>		<u>4-17-23</u>
Signature of Authorized Person			
<u>Michael Hawkins</u>			

MAIL TO:  
 Division of Business Services  
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