	State of Rhode	Island	Fee: \$50.00				
	Office of the Secreta						
	Division Of Busines						
	148 W. River Street Providence RI 02904-2615						
1636	(401) 222-30						
Foreign Business Corpora							
Annual Report							
Filing Period: February 1 - May	1						
In accordance with R.I.G.L. 7-1							
	file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.						
ANNUAL REPORT YEAR - EN	FER THE CURRENT YEAR 2	024 : <u>2024</u>					
1. Corporate ID No. 00166	<u>52912</u>						
2. Name of Corporation Wright Therapy Products, Inc							
3. Street Address Principal B	usiness Office:						
No. and Street: <u>103-B INT</u>	ERNATIONAL DRIVE						
City or Town: OAKDALE	2	State: <u>PA</u> Zip: <u>15071</u> Cou	untry: <u>USA</u>				
4. Business Phone No.							
5. State of Incorporation							
State: <u>PA</u>							
NAICS CODE							
Enter the six digit NAICS Code	e that best describes the prin	narv business conducted by th	e entity.				
Download the list of codes her							
<u>334510</u>							
6. Brief Description of the Character of Business Conducted in Rhode Island							
DURABLE MEDICAL EQUIPMENT							
1. Names and Addresses of t	7. Names and Addresses of the Officers and Directors:						
All officers and directors must be listed.							
Title	Individual Name	Address					
1	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	ode, Country				

PRESIDENT	JAMIE BELL	103-B INTERNATIONAL DRIVE OAKDALE, PA 15071 USA
SECRETARY	KEVIN S. GORMAN	103-B INTERNATIONAL DRIVE OAKDALE, PA 15071 USA
DIRECTOR	KEVIN S. GORMAN	103-B INTERNATIONAL DRIVE OAKDALE, PA 15071 USA
DIRECTOR	STEVEN LAUER	103-B INTERNATIONAL DRIVE OAKDALE, PA 15071 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per		Total Issued and
		Share	Total Authorized	Outstanding
			Shares	Num of
			Number of Shares	Shares
CWP		\$0.0100	100.00	0
CWP		\$0.0000	100.00	0

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 1 Day of May, 2024 at 12:45:42 PM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KEVIN S. GORMAN

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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