

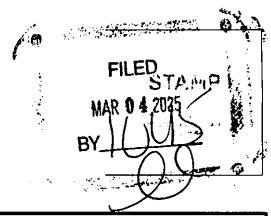
State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 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.



Entity ID Number	2. Exact name of the Limited	Liability Company		
001694857	BOUNDLESS MEDICAL VENTURES			
3. NAICS Code 541990	Brief description of the character of business conducted in Rhode Island MEDICAL DEVICE COMPANY INVESTMENT AND IMMIGATION			
5. State of Formation	SERVICES			
2022				
6. Principal Office Address		City	State	Zip
33 STANIFORD STREET		PROVIDENCE	RI	02905
7. Mailing Address of Limited	Liability Company and Name or	Title of Contact Person		
Contact Name PAUL AKERMAN, MD		Contact Title		
Street Address 33 STANIFORD ST		City PROVIDENCE	State	^{Zip} 02905
8. The Resident Agent inform	ation currently of record with the	RI Department of State is accurate	. Changes requir	e filing Form 642.
	I declare and affirm that I have tements contained herein are t	e examined this report, including rue and correct.	any accompany	ring schedules and
Name of Authorized Person		Date		
	PAUL AKERMAN, MD		2/27/25	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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