



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

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

REC'D RIDOS SD
24 MAY 7 PM 12:06:33

1. Entity ID Number 001661346		2. Exact name of the Corporation CytoViva, Inc.			
3. Principal Office Address 300 North Dean Road, Suite 5 - PMB 157			City Auburn	State AL	Zip 36830
4. NAICS Code 333314		6. Brief description of the character of business conducted in Rhode Island Sales of Microscopy and Hyperspectral Imaging Technologies			
5. State of Incorporation Alabama					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Samuel M. Lawrence			Vice-President Name Byron J. Cheatham		
Street Address 300 North Dean Road, Suite 5 - PMB 157			Street Address 300 North Dean Road, Suite 5 - PMB 157		
City Auburn	State AL	Zip 36830	City Auburn	State AL	Zip 36830
Secretary Name John O. Lawrence			Treasurer Name		
Street Address 300 North Dean Road, Suite 5 - PMB 157			Street Address		
City 300 North Dean Road,	State AL	Zip 36830	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name See Attachment			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input checked="" type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		See Attachment		PAR VALUE	
11. 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. <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 Representative John O. Lawrence				Date 04/30/2024	
Signature of Authorized Representative 					

FILED

MAY 07 2024

**BY F3H96
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

CytoVivá, Inc.

Rhode Island Entity ID #: 001661346

Directors

Director Name	Street Address	City	State	Zip
Samuel M. Lawrence	300 North Dean Road, Suite 5 - PMB 157	Auburn	AL	36830
John O. Lawrence	300 North Dean Road, Suite 5 - PMB 157	Auburn	AL	36830
Thomas R. Lawrence	300 North Dean Road, Suite 5 - PMB 157	Auburn	AL	36830
Byron J. Cheatham	300 North Dean Road, Suite 5 - PMB 157	Auburn	AL	36830
Lawrence W. Greer	300 North Dean Road, Suite 5 - PMB 157	Auburn	AL	36830
Charles Pinckney	300 North Dean Road, Suite 5 - PMB 157	Auburn	AL	36830
Gordon M. Sherman	300 North Dean Road, Suite 5 - PMB 157	Auburn	AL	36830
Cary Chandler	300 North Dean Road, Suite 5 - PMB 157	Auburn	AL	36830

Number of Shares	Class	Series	Par Value
100,000,000	Common		\$ 0.01
2,144,994	Preferred	Series 2009-A Noncumulative Convertible	\$ 0.35
5,000,000	Preferred	Series 2011-A Noncumulative Convertible	\$ 0.50
25,000,000	Preferred	Series 2023-A Noncumulative Convertible	\$ 0.20