RI SOS Filing Number: 200944838350 Date: 04/06/2009 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to 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.*

RECEIVED
2009 APR -6 AM 10:50
SECRETARY OF STATE
CORPORATIONS DIV

1. Corporate ID No	2. Name of Corporation		
485366	Sentient Technology, Inc.		
3. Street Address Principal Business Office: 60 Intervale Road	City: Providence	State: RI	Zip: 02906
4. Business Phone No: 401-444-3192	5. State of Incorporation: Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island: Develop organic materials			

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Timothy P. Murphy, M.D.	60 Intervale Road	Providence	RI	02906

Vice President Name	Street Address	City	State	Zip
None				

Secretary Name	Street Address	City	State	Zip
Timothy P. Murphy, M.D.	60 Intervale Road	Providence	RI	02906

Treasurer Name	Street Address	City	State	Zip
Timothy P. Murphy, M.D.	60 Intervale Road	Providence	RI	02906

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Timothy P. Murphy, M.D.	60 Intervale Road	Providence	RI	02906

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
5,000	Common	$0.01 par

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.

[redacted] [redacted]

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.

Signature 3-31-09 *Date*

Timothy P. Murphy, M.D.
Print or Type Name

President
Title

[redacted]

File Date: FILED
Check No. APR 06 2009
By: By 11847
FOR SECRETARY OF STATE USE ONLY

RECEIVED
2009 APR -6 AM 11:44
CORPORATIONS DIV
SECRETARY OF STATE

Form 630 Rev. 08/08

32249-2-361790