



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 2010**

**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.

|  |                    |  |                              |                       |
|--|--------------------|--|------------------------------|-----------------------|
| 1. Corporate ID No.<br><b>507617</b>   |                    | 2. Name of Corporation<br><b>Toxikon Corporation</b> |                              |                       |
| 3. Street Address Principal Business Office<br><b>15 Wiggins Avenue</b>  |                    | City<br><b>BEDFORD</b>                               | State<br><b>MA</b>           | Zip<br><b>01730</b>   |
| 4. Business Phone No.<br><b>781-275-3330</b>   |                    | 5. State of Incorporation<br><b>Massachusetts</b>    |                              |                       |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br><b>Solicit sales orders</b>   |                    |  |                              |                       |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |                    |  |                              |                       |
| President Name<br><b>haxman S. Desai</b>   |                    | Vice President Name                                  |                              |                       |
| Street Address<br><b>15 Wiggins Ave</b>  |                    | Street Address                                       |                              |                       |
| City<br><b>BEDFORD</b>   | State<br><b>MA</b> | Zip<br><b>01730</b>                                  | City                         | State                 |
| Secretary Name   |                    | Treasurer Name                                       |                              |                       |
| Street Address   |                    | Street Address                                       |                              |                       |
| City   | State              | Zip  | City                         | State                 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |                    |  |                              |                       |
| Director Name  |                    | Director Name  |                              |                       |
| Street Address   |                    | Street Address                                       |                              |                       |
| City   | State              | Zip  | City                         | State                 |
| Director Name  |                    | Director Name  |                              |                       |
| Street Address   |                    | Street Address                                       |                              |                       |
| City   | State              | Zip  | City                         | State                 |
| 9. SHARES AUTHORIZED   |                    |  |                              |                       |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |  |                              |                       |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED   |                    |  |                              |                       |
| 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. |                    | Number of Shares<br><b>10,000.00</b>                 | Class/Series<br><b>CNP/A</b> | Par Value<br><b>Ø</b> |

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.

File Date **2-18-2010**  
Check No. **22343**  
By: **mmc**  
FOR SECRETARY OF STATE USE ONLY

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: **haxman S. Desai** Date: **2/17/10**  
Print of Type Name: **President**  
Title