



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

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

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(7)) is subject to a penalty fee of \$25.00.

1. ID No. 122300		2. Exact name of the limited liability company MatriExtend Technologies			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Commercialization of cellular diagnostic assays			
5. Principal office address 36 Holloway St Suite 2		City East Taunton	State MA	Zip 02718	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name HUGH S KEEPING			Contact Title President		
Street Address 36 Holloway St Suite 2		City East Taunton	State MA	Zip 02718	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name HUGH S KEEPING			Manager Name		
Street Address 36 Holloway St Suite 2		Street Address			
City East Taunton	State MA	Zip 02718	City	State	Zip
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

2010 MAR 4 PM 12:10
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OFFICE OF THE SECRETARY OF STATE
CORPORATIONS DIVISION

FILED

MAR 04 2010

BY *[Signature]*

29-112986

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date _____
Check No. _____
By: _____
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.

Hugh S Keeping 03/04/2010
Signature of Authorized Person Date
Hugh S Keeping
Print or Type Name of Authorized Person