



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. <u>506049</u>		2. Name of Corporation <u>MATERNOVA INC</u>			
3. Street Address Principal Business Office <u>112 BENEFIT ST</u>		City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02903</u>	
4. Business Phone No. <u>401.228.6294</u>		5. State of Incorporation <u>RI</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>a web-based innovation portal on maternal/newborn global health</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>MEG WIRTH</u>			Vice President Name <u>—</u>		
Street Address <u>112 BENEFIT ST</u>			Street Address <u>—</u>		
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02903</u>	City <u>—</u>	State <u>—</u>	Zip <u>—</u>
Secretary Name <u>MEG WIRTH</u>			Treasurer Name <u>MEG WIRTH</u>		
Street Address <u>112 BENEFIT ST</u>			Street Address <u>112 BENEFIT ST</u>		
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02903</u>	City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02903</u>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>Elizabeth Bailey</u>			Director Name <u>Geoffrey Kirkman</u>		
Street Address <u>410 320 Washington St</u>			Street Address <u>Watson Institute</u> <u>40 Brown University</u> <u>Box 1970</u>		
City <u>Brookline</u>	State <u>MA</u>	Zip <u>02445</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02912</u>
Director Name <u>Eli Adashi</u>			Director Name <u>—</u>		
Street Address <u>40 Brown University Medical School</u>			Street Address <u>—</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02912</u>	City <u>—</u>	State <u>—</u>	Zip <u>—</u>
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares <u>10,000</u>	Class/Series <u>Common</u>	Par Value <u>\$.01</u>

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 **FILED**
Check No. APR 28 2010
By: 1014
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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 Meg Wirth Date 4.5.10
Print or Type Name President
Title —