



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. 000308181		2. Name of Corporation nuWAVE TECHNOLOGIES INC		
3. Street Address Principal Business Office 2130 MENDON STE 3-235		City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. 908-938-1674		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island IT				
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name ROBERTA L. WINTERS		Vice President Name		
Street Address 2130 MENDON RD STE 3-235		Street Address		
City CUMBERLAND	State RI	Zip 02864	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 ROBERTA L. WINTERS		Director Name		
Street Address 2130 MENDON RD STE 3-235		Street Address		
City CUMBERLAND	State RI	Zip 02864	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"/>		
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	Class/Series	Par Value
		100	CWP	0.01

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.

D:12

File Date	FILED
Check No.	AUG 25 2010
By:	<i>[Signature]</i>
FOR SECRETARY OF STATE USE ONLY	

RECEIVED
 CORPORATION DIV
 SECRETARY OF STATE

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.

Roberta Winters 08/19/2010
 Signature Date
ROBERTA L. WINTERS
 Print or Type Name
AGENT/OFFICER
 Title